THE SEXUAL POLITICS OF CLINICAL PSYCHOANALYSIS AND TRANSGENDER MENTAL HEALTH

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Abstract

Perversion is derived from the Latin *pervertere* which means "to turn around" and has been broadly conceptualized as that which deviates or wavers from an original course. One could argue that the perverse is fundamentally constructed through difference; its existence is predicated upon being set up against some norm and its eccentricity is maintained through a continued refusal to adhere to the rule. This dissertation explores questions of gender difference and sexual deviance as they relate to the clinical pathologization of transgender people's mental health. In particular, it considers how psychoanalytic theories of perversion - in their multifaceted definitions and various clinical applications - can be usefully employed to understand transphobia as it emerges throughout psychiatric institutions. In borrowing from Freud's polymorphous perversity, fetishism, perverse defense, and Lacan's perverse structure, this study both contributes to and moves beyond a genealogical account of transgender people's relationship to psychoanalysis. It uniquely considers the psychical provocations behind clinician's anxious descriptions and treatments of gender variance, as they have emerged since transsexual's nosological coinage in the early 20th century. By combining two disparate contemporary fields of study - psychoanalysis and transgender studies - this project also asks how transgender people may re-narrate their relationship to the perverse. To do so, this research investigates many under-considered objects of study, including surrealist transsexual drawings from the mid 1900s, lineages of psychiatric taxonomies, science fiction literature, contemporary transgender art installations, autoethno-pornographic transition narratives, and transgender accounts of undergoing psychoanalytic psychotherapy. Through a combination of critical historiographies, discourse analysis, content analysis, and narrative research, this dissertation contributes to a rapidly emerging non-pathological conversation about the psychic life of gender variance, both for transgender people themselves and the mental health institutions that serve them. Ultimately, it finds perversion to be quite useful as a floating signifier, as its various theoretical containers and clinical meanings are employed to deconstruct institutionalized transphobia's tenacity. Furthermore, this research centers an archive of historically neglected transgender narratives on mental health as they emerge in the clinic, through case study, and in art or aesthetics.

Keywords: transgender, psychoanalysis, mental health, perversion, sexuality, visual art

Dedication

To those who move away from an unchosen starting place.

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Chapter 1: Introduction

> "I find myself for a moment in the interesting position of not knowing whether what I have to say should be regarded as something long familiar and obvious or as something entirely new and puzzling. But I am inclined to think the latter."
>
> - Freud, "The Splitting of the Ego in the Process of Defense," 1938

Sigmund Freud began a short essay on the process of splitting, published a year after his death in 1940, with a characteristic admission of uncertainty. A speculative writer, he tended to publish case studies that underscored his failures[1] and suppositions[2] rather than produce claims to uncontestable truth. It is conceivable that this habit facilitated some of the ingenuity required in the very founding of psychoanalytic thought, but also the controversy psychoanalysis has continuously inspired since its instantiation. There is something quite unnerving about a well-timed and undefended question.

In this opening excerpt Freud asks himself: why does that which is clear and quite recognizable also somehow feel unacquainted, strange, or perplexing? How can a thought, idea, or theory linger simultaneously in the realm of innovation and yet also be overwhelmingly identifiable, so much so to seem self-evident and subsequently unworthy to share? I have often found myself inspired by the candid nature of Freud's writing that is, it seems to me, more of a process of exploring ideas rather than explaining premeditated opinions. Subsequently, I believe this is an honest and appropriate place to begin any dissertation project, but perhaps in particular a dissertation like this one, that considers the question of what we have come to call "transgender"

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[1] The Dora case is a prime example of Freud's choice to publish his failures rather than his successes, as a way to consider how psychoanalysis might more effectively move forward as a scientific study of the mind. In *Fragments of an Analysis of a Case of Hysteria* (1905/1963), Dora departs suddenly from her analysis before its completion, leaving Freud with the sense that he had been unable to handle the transference.

[2] *Beyond the Pleasure Principle* (1920/2003) is perhaps Freud's most boldly speculative work, one which continues to create divisions in psychoanalytic community. In it, he argues that there is a drive that exists beyond his originally proposed pleasure/unpleasure principle, a consistent push that each subject negotiates – that is, a drive towards death.

from a psychoanalytic perspective. As we will investigate, there are no easily familiar answers to the enigmas of gender and sexual difference; that they too, can feel both deeply ordinary yet strangely novel (Gozlan, 2015).

Through his confession in "The Splitting of the Ego" (1938/2006), Freud additionally reveals that there is something quite vulnerable about learning from a calculated risk, the risk one takes in attempting to propose something previously unthought. Traces of the *unheimlich* (1919/2003) emerge in his worries, as inexplicable familiarities erupt in the face of attempted creative originality. Given that this may be an unwelcome return of the repressed, it is clear that the exploration of new ideas and the writing of them may be one place among many where the unconscious makes itself well known. And of course, what is a dissertation if not a formalized scholarly practice in the exploration of such innovation and with it, the transferences that appear in any imaginative transitional space. Really, is it any wonder so many graduate students struggle to complete a first draft?

So it takes courage to start by asking a question without a sure answer, especially one that results in discomfort or failure. But it is this productive failure, as Deborah Britzman (2002) has shown in her reading of Pontalis's question child, that reminds us of the inherent unanswerability of desire. As psychoanalysis spins itself around this fundamental lack of an answer and the subject's idiosyncratic solutions to it, we may only try to approach any anxiety-provoking question with the same generosity as a "good enough" parent would with a child (Winnicott, 1953). And perhaps too, it can also be speculated that this generosity is comparable to the way a courageous subject could approach the question of gender and its unsettling variances. I thus begin this project with a candid inquisitiveness, and while I ask: "what is psychoanalysis's relationship to

transgender mental health?,"[3] I do so with an attempt at unwieldy openness to its unanswerability, to my own transference, and to the "history of the question" (Britzman, 2002) rather than any steadfast foothold to aspirations for truth.

Central Themes

This dissertation's overarching query is one in its infancy for psychoanalysis and is developing in tandem with massive cultural shifts regarding trans subjects in the West. Most famously, these changes have been dubbed a "transgender tipping point" by Time Magazine, exemplified by Laverne Cox in a confident stride upon its glossy cover (Steinmetz, 2014a). Transgender people are becoming more visible in almost all facets of socio-political life, including controversies over gendered public spaces (bathrooms and airports), language (chosen names and pronouns), family structure (queer families), sex acts (desirability), medicalization (intersex surgeries, medical coverage for trans surgeries) and institutional violence (incarceration, borders). The frequency and complexity of these discussions is a far cry from representation only five years ago, when trans people were chiefly visible in sensationalized media coverage. These scenes called upon familiar reductive depictions that began in 1952 with "Ex-GI becomes Blonde Beauty"[4] Christine Jorgensen, the first trans person to become widely known in the United States (Meyerowitz, 2004).

The following project is therefore situated within immense social transformations, changes that are moving so quickly that as I complete a chapter, many of the contemporary examples I

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[3] Some of the taken-for-granted contemporary meanings attached to "mental health" may contradict goals of various psychoanalytic treatments, insofar as mental health is conceptualized as a linear movement from illness to wellbeing, as a curative measure, or even that a person's "health" can be simply delineated. For example, in most psychoanalytic psychotherapy the goal is not removal of the symptom, yet the analysis may result in a transformation of symptoms (Freud, 1923). My use of the language of "mental health" in this project is strategic, as it calls to a currently recognized terminology in the humanities. Yet through the use of psychoanalysis I aim to disrupt and rescript any coherent, singular meaning attached to mental health, and often overtly query the discursive evolution of psychical remedy.

[4] "Ex-GI becomes Blonde Beauty" was the American headline accompanying the famous *New York Daily News* article, which publicly disseminated information regarding Jorgensen's gender affirming surgery.

draw from consistently risk being rendered outdated within only a year's time.[5] Consequently, instead of focusing my view squarely upon these social issues, I turn my gaze slightly askew and take what many might feel to be three unconventional points of departure: psychoanalytic theory, transgender studies, and perversion. My interests centralize psychoanalysis and the history of psychoanalytic thought in relation to transgender people. Through this exploration I hope to illustrate how psychoanalytic history is not only vital for understanding current socio-political relationships to transgender people, but also how psychoanalysis can be particularly useful for supporting contemporary transgender mental health – both as a theoretical tool and within clinical practice. As Patricia Gherovichi (2017) has argued in *Transgender Psychoanalysis*: "in the case of transsexuality, then, the interrelatedness with psychoanalysis is not just referential, it is foundational" (46).

Despite its marginal status in both the university and clinical settings, psychoanalysis has fruitfully sustained itself through the development of distinct echelons of psychoanalytic thought. The International Psychoanalytic Association (IPA) maintains a lively community with training programs and chapters all over the world, and several additional non-IPA affiliated institutes also train in psychoanalytic psychotherapy.[6] And although not typically found in psychology, many psychoanalytic devotees are often cloistered in humanity-based departments at the university[7] and

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[5] For example, when I began to write about different provincial health care policies surrounding access to gender affirming surgeries in Canada in 2016, some provinces still did not cover many of these surgeries, or required that the individual undergo genital surgery if they wished to alter the sex designation on their identification. Since then time, those provinces have changed their policies, "gender identity and expression" has become protected under the federal human rights code (Bill C-16), and Canadian passports will soon allow an "X" for an unspecified gender identity. Although these are important changes, many of the social issues faced by trans people have simply moved to other locations, and other pressing issues that impact the most marginalized trans people continue to be ignored. Further, because these changes are so swift, it becomes difficult to track their implications.

[6] In Toronto an analytic candidate can train at the IPA affiliated Toronto Institute for Psychoanalysis or the non-affiliated Toronto Institute for Contemporary Psychoanalysis.

[7] My own education in psychoanalysis was undertaken through the acquisition of course credits strategically acquired in many departments outside of my own, including Cultural Studies, Educational Studies, Political Science, and most recently at the Toronto Institute for Psychoanalysis.

chiefly, in Gender and Sexuality Studies. Nevertheless, there has been little overlap between these two locations. Scholarly engagement with psychoanalytic theory and clinical work with patients remain rather distinct. Queer and feminist scholars avoid clinical psychoanalytic thought citing a disregard for the social and political, as well as psychoanalysis's histories of misogyny, homophobia, racism, and transphobia. Some clinically-based psychoanalytic communities have taken a dogmatic or conservative position within their own tradition and have ignored the prolific non-clinical applications of its many psychical undertakings.

The outcome of these wide separations is that both groups struggle to listen to and learn from one another. Paradoxically, listening is one of the most essential components of psychoanalysis and with this constituent, encountering an "other" is rife with difficulties. In particular psychoanalytic thinking pays closets attention to eruptions of the unconscious, and specializes in a type of listening that cannot lay claim to any rigid or certain understanding of difference. One of the overarching goals of this dissertation is therefore to contribute to a growing body of work that aims to suture these tumultuous clinical and theoretical divergences, as the recent innovative edited collection *Clinical Encounters in Sexuality: Psychoanalytic Practice & Queer Theory* (Giffney & Watson, 2017) has done. While institutionally positioned within academic and theoretical communities, I aim to facilitate this intersecting dialogue by drawing upon clinical material and case studies. As these conversations have so far primarily occurred between psychoanalysis and queer or feminist theory, I have chosen to take transgender studies as my second main point of departure.

Transgender studies is an interdisciplinary subfield of Lesbian, Gay, and Bisexual Studies that has only ossified quite recently (Bryant, 2009). This burgeoning scholarly discipline has acted in response to the customary practice of transgender people being prolifically written "about," and

in particular through medicalized and pathologizing discourse (S. Stone, 1992) - a custom to which psychoanalysis has unquestionably contributed (See for example, Chiland, 2005; Fenichel, 1930; Kubie, 1974; Millot, 1989; R. J. Stoller, 1968). By producing scholarship that falls outside of narrow and repetitive medical models, transgender studies has prolifically reimagined what a progressive trans perspective might add to the academe (Stryker, 2006a). In turn then, I argue that ensuing psychoanalytically informed trans research take as its core a practice of careful attention to those who, for decades, have been subject to the anxious fantasies of phobic cisgender clinicians and scholars. This analysis will uncover how, as Susan Stryker (2006a) has also proposed, these sexological records can be retroactively conceived as a fertile archive for transgender studies.

Before exploring the genealogical crossings between transgender studies and psychoanalysis in more depth, I introduce my third major theoretical pivot – perversion – by once more visiting the opening epigraph and its consideration of the function of splitting in the process of defense (1938/2006). In this particular essay, Freud expands upon his earlier impressions of fetishism (1927/2006). He ruminates upon a specific defense mechanism, disavowal, which resourcefully allows for two opposing realities to be maintained simultaneously through a clever method of keeping them both separate. In what he calls "a very ingenious solution" (1938/2006, p. 65) to castration, the child chooses to both see and not see a traumatizing reality by generating a fetish object, and in this manner creates a rift or split in the ego.

This notion of splitting provides a helpful framework for understanding why two disparate ideas, affects, or objects would be held at a distance from one another as a way to mitigate some kind of difficulty. Notably however, Freud's conceptualization of fetishism does not demand a connection to the cultural imaginaries of the fetishist, such as a fixated admiration of high heel shoes. This dissertation thus works to uncover the profuse ways one could think with perversion,

if its rich speculative promises were to be more carefully detached from moralistic inferences. What I mean to say, is that despite wide theoretical and grammatical connotations, it is indisputable that the perverse continues to linger tightly around signifiers such as sodomy, cross-dressing, fetishism, sadism, masochism and coprophilia (Bering, 2013); while the figure of the pervert continues to take residence within the lesbian, gay man, sadomasochist, and undoubtedly, the transsexual (Dastagir, 2016). While these inferences are not compulsory, we may ask after this categorical collapse and in turn, probe its psychical utility.

Psychoanalytic theories of perversion are therefore useful in my inquiry for two principle reasons. First, transgender people have been misconstrued as psychotic, delusional, borderline, narcissistic, and perverse in psychoanalytic scholarship (Chiland, 2000; Meyer, 1982). Although a small number of clinicians and scholars have recently worked to address these mischaracterizations (Gherovici, 2010, 2017; Gozlan, 2015; Hansbury, 2005, 2011b; A. Harris, 2008; Saketopoulou, 2011) and, in particular, challenge notions of transgender people's inherent psychosis, none have specifically taken up the construction of the transsexual pervert. I see many links between the psychoanalytic nomenclature surrounding trans people and perversion, especially in the establishment of terminology. For example, before the coinage of "transgender" or even "transsexual," medicalized descriptions of gender variance were housed under the nosology of transvestitism (sexually perverse fetishism) or inversion (sodomy and same-sex attraction). Foucault (1978) has famously exposed this genealogical production of deviant sexuality and the repercussions of a proliferation of discourse on sexual subjects. The continued overt associations of trans people with perversion, which can be observed within contemporary bathroom panics, highlight that these inaugural taxonomies still hold measurable sway and deserve close examination.

Secondly, I am drawn to perversion as a prolific psychoanalytic container, one that provides ample fodder for innovative deployment. Danny Nobus (2006) argues that most psychoanalysts who address perversion are borrowing from one, or both, of two distinct paradigms of perversion in Freud's work: either the polymorphous perversity of the pre-Oedipal child (the unbound partial drives); or from the Oedipal drama of castration anxiety and disavowal. From a Lacanian view, perversion belongs to one of the three psychical structures that situate the subject. Depending upon the trajectory of castration and their early relation to the mOther's lack and the Name of the Father,[8] the subject will become either structurally "neurotic," "perverse," or "psychotic" (Fink, 1996; Lacan, 1975/1998; Swales, 2012). These positions are ways of entering into and existing within the world of language. We will return to these and other frameworks; however, at this point what is important to note, that none necessitate a connection to any particular set of behaviours, identifications, drive impulses, or fixations.

Perversion is derived from the Latin *pervertere* which means "to turn around" (Swales, 2012, p. 1) and can thus be broadly defined as that which deviates or wavers from an original course. One could argue that the perverse is fundamentally constructed through difference; its existence is predicated upon being set up against some norm and its eccentricity is maintained through a continued refusal to adhere to the rule. For some thinkers, the perverse may also very clearly mirror the ethos of the queer, classically defined as that which consistently defies normalizing institutions such as hetero or homonormativity (Warner, 2000). Yet one might also question whether in this light queer theory simply works to replicate the very binary that it wishes to undo. In other words, does another type of splitting characterizes the political queer, which places itself against normalizing forces as though defiance must always be virtuous and

[8] For Lacan the "mother" and "father" take up specific symbolic functions in relation to the subject, and do not necessarily correspond to the gender and social roles of mother and father.

compliance always dishonourable? Could the queer as originally conceptualized by Teresa de Lauretis (1991), or perhaps the perverse, somehow mitigate this repetitious fragmentation?

This project works to inhabit this precarious ground of the "in-between," a place which is not quite here nor there, not paranoid or fully reparative, not all inside or out. It could indeed be described as transitional, as one would speak about a gender transition, or a Winnicottian space of play (Winnicott, 1971/2005). Like movement through gender, a dissertation can be full of potentiality and yet yield an assortment of affects including hope and despair. By creatively making use of psychoanalytic theories of the perverse, and by detaching them from their semantic tethers, this work arrives at a possibility rather than any particular set meaning. This is where unhurried therapeutic process dwells, a process of allowing for the tension of ambiguity and not one that cyclically seeks resistance to a norm. I explore the difficult truth that we can never fully arrive somewhere, whether it be at a coherently gendered location or to a final answer to the research question. Nevertheless, it is this continual movement between possibility and meaning, and the subsequent attempt to talk about it, which is a central psychoanalytic lesson and the one that is perhaps most likely to support transgender mental health.

Politics and Trans/psychoanalysis

In 1987, Sandy Stone wrote "The Empire Strikes Back: A Posttranssexual Manifesto," as a response to the overarching medicalization of transsexuality and more specifically, in direct reply to Janice Raymond's (1994) *The Transsexual Empire: The Making of the She-Male*. Raymond's book had made a now long familiar[9] feminist argument against trans women's gender identification, maintaining that transsexualism draws upon hyperbolic and harmful gender stereotypes that reproduce patriarchal oppression. Stone subsequently took to the task of being one

[9] These feminists and their adhering ideology have been dubbed "TERFs," standing for "Trans Exclusionary Radical Feminists"

of the first to academically address the pressure that trans people face to mimic narratives of normative gender performance in order to access indispensable resources for transition.[10] Thirty years ago Stone expressed a sentiment that transgender scholars still grapple with today, when stating "we need a deeper analytical language for transsexual theory, one which allows for the sorts of ambiguities and polyvocalities which have already so productively informed and enriched feminist theory" (13).

For many, Stone's piece has been considered inaugural for transgender studies. It legitimized ways of thinking that had not yet been addressed through mainstream scholarship, while also candidly defying institutionalized transphobic violence. Trans people had previously been written about through two main venues – either within a European medical frame that aimed to deliberate upon, and ameliorate, what it saw as a profound psychological illness; or later through Lesbian and Gay Studies which situated trans people as marginal, if not delusional, but certainly not worthy of any extended scholarly attention. Current transgender scholarship has not emerged with any warm or expedited invitation. On the contrary, one can wager that most non-pathologizing printed words on trans subjectivity have survived some kind of stormy resistance.

In her introduction to the *Transgender Studies Reader* - a pivotal collection which synthesizes medical, legal, feminist, psychoanalytic, and queer based trans scholarship – Stryker (2006a) writes that transgender studies is a form of "(de)subjugated knowledge" (p. 1). Borrowing from Foucault, she contends that historically subjugated ways of knowing have been masked by the attempted coherence of systematization, such as medical nomenclature. These historically disqualified communities can be unearthed, but only with the careful excavations of "non-European gender systems, the transcripts of legal proceedings hidden in some obscure publication

[10] These resources include access to change of name or sex designation on identification, synthetic hormones and knowledge on how to safely and effectively use them, support networks, and gender affirming surgical procedures.

of case law, or the files of psychiatric patient" (12). Because transgender heritage has been rendered suspect and accordingly folded into rational scientific taxonomies, "meticulous, precise, technical expertise" (13) is required to rediscover and renarrate the past. This dissertation project consequently explores the psychiatric achieve, unearthing trans history through a re-narration of clinical record.

Transgender studies is a political field that embarks on a wealth of theoretical endeavors, but does so while paying close heed to the material implications of everyday transgender lives. These two components, theory and practice, cannot be separated from one another. Broadly speaking transgender studies aims to facilitate social change for a marginalized population by employing "anything that disrupts, denaturalizes, rearticulates, and makes visible the normative linkages we generally assume to exist" (Stryker, 2006a, p. 3). But there has also been wide controversy, however, surrounding what is prioritized in this ethos. Viviane Namaste (2000) and Mirha-Soleil Ross (2005) have, for example, robustly critiqued postmodern gender theorists for focusing too predominantly upon the theoretical denaturalization of gender, which has resulted in an injurious disregard for those trans people who face the most significant threats of overt violence such as Two Spirit people, trans people of colour, those living in poverty, and trans women.

While engaging with more theoretically-based points of departure, I take seriously and return to the real, substantial, lived situations of those who are being addressed, and further aim to not homogenize trans experience to any common denominator, which would center those with the most social privilege. As an interdisciplinary field that arose from feminist and queer scholarship and activisms, it is essential to consider, as Cathy Cohen (1997) has in relation to queerness, "the unspoken assumptions which inhabit" (451) these categories. This is especially crucial given that it is transgender women of colour sex workers, like Marsha P. Johnson and Miss Major Griffin-

Gracy (Rude, 2015; Schlaffer, 2017) who continue to spark the potency of current transgender moments. Although intersectionality politics (Crenshaw, 1989) may be limiting, as Jasbir Puar (2007) has noted in her alternate use of Deleuzian assemblage, they are nonetheless vital when working with lived experiences of mental health. Identities can be "multi-causal, multi-directional, liminal… [with an] emphasis on motion rather than gridlock" (Puar, 2011) while still having tangible implications for those who inhabit multiple social locations.

Since early feminist interventions, most humanities-based scholars have conceived of the social world and its categories of identification as political.[11] Conversely, psychoanalysts have been inclined to privilege psychic structures over what social constructionists have termed identity politics, and as a consequence systemic oppression has often been left out of the clinical ventures. As Stijn Vanheule and Paul Verhaeghe (2009) explain from a psychoanalytic standpoint, if identity is solely about membership to a particular group or adherence to a set of norms (as in identity politics), it overlooks the psychoanalytic *non-categorical* approach to identity. This approach to identity centers several key psychical elements that are not considered in socio-political frameworks, such as the understanding that identity comes into being through relation to the other, that identity and drive regulation are integrally linked, and finally that identity is as much about functioning as it is about content (Vanheule & Verhaeghe, 2009).

Uncertainty and anxiety about intermediate spaces can be found in psychoanalytic relationships to that which is considered political. In traditional psychoanalytic thinking, a hard and fast line has habitually been drawn between the subject's internal psychic life and certain exteriorities such as the influence of social location, power structures, historical time, and systemic

[11] Here I define of the political simply as anything that has to do with hierarchies of social power and their consequences, not in the Foucaultian sense where power is everywhere, diffuse, and producing knowledge. I am addressing a type of power that is a "power over" an other.

oppression. While some psychoanalysts do insist on the field's political underpinnings or the impacts of the societal world on the unconscious (Layton, 2008) many others continue to strictly prioritize foundational and universalizable psychic structures (Mitchell, 1995). Although there has been a strong subdivision of feminist psychoanalytic writing since the 1970s, questions of race, class, disability, colonization, and LGBT issues, mainstream psychoanalysis has largely ignored the impacts of social location on a subject's psychic life.

I therefore believe that bringing psychoanalysis together with transgender studies, and in this particular contemporary moment of "tipping," provides a unique venue to address identity from both its psychical and socio-political dimensions. I'm invested in exploring what Vanheule and Verhaeghe (2009) have called the non-categorical parts of identity and considering how the unconscious makes itself known in the social world through the idiosyncrasies of individuals' history. However, I aim to additionally show that these categories of identity cannot be entirely removed from the conversation as they provide a linguistic anchor for the helpful fantasies that also structure material reality. To provide one example, if identity is formed through relation to an other, this "other" is also saturated with notions of gender, its assorted performativities (Butler, 1990) and its own history of relations. These are inescapable and complex fantasies that make relating possible.

Central to this project is an attempt to find bridges from theory to the clinical use of psychoanalysis and to the substantive everyday realities of transgender mental health. The separation between a trans patient's psychic life and their socio-political realities, or even a split between the clinician's mind and their social container, can negatively impact therapeutic treatment. Transgender people have a long and contested relationship to any form of psychotherapy and the legacies of medicalization and gatekeeping have cast a long shadow over

transgender access to care (Bauer et al., 2009). Transphobia is one culprit: its overt and psychical forms appear in the consulting room, diagnostic manuals, case studies, and in lecture halls. The anxieties that surround gender variance can make themselves felt in the transference and countertransference, in unconscious repetitions and in acting out (Gozlan, 2015; Lothstein, 1977; Quinodoz, 2002). But in that light, psychical transphobia and its utterances can also be worked through if given the appropriate venue, such as through trans competent psychotherapy or perhaps also in unrestrained creative expression.

Through case studies and art then, this dissertation explores the co-constitution of inner and exteriorities: how the external world has an impact on psychic life (for example, misogyny can be internalized/introjected), and how psychic lives have influence on the external world (for example, one can act out the aggression related to difference with racism). This insight is similar to what David Eng has called the "history of the subject/subject of history" (D. Eng, personal communication, June 6th 2017) in his forthcoming book *A Dialogue on Racial Melancholia and Racial Dissociation,* co-authored with clinician Shinhee Han (Brooks, 2017). Through psychological case study, they investigate the ways in which whiteness and western imperialism fracture the subject, an experience that they term dissociation. Consisting mainly of adolescents who migrate from different parts of Asia, the case studies consider how parts of the self have been split off to create a kind of "psychic nowhere." Pointing to the internalization and management of globalization, racism, and migration, Eng and Han accentuate the unconscious vicissitudes of what might otherwise be relegated to the social or political processes (Eng & Han, 2000).

And perhaps this is the major contribution that psychoanalysis has for critical race studies, transgender studies, or any discipline that continues to navigate the dualism of Western scientific imperialism versus the vigilantly cultivated arena of social constructionism. That is, a third

location is offered when one considers the unconscious proponents of race, gender, the political, or any category that exists in the social imaginary. In turn another more ambiguous "in between" space emerges when contemplating the unconscious. The unconscious is an element of living that is evanescent and by definition inconceivable, yet also wholly inescapable and all encompassing. Freud famously proposed that we find evidence of the unconscious in many locations including dreams, random slips, and symptoms like anxiety, guilt, and psychosomatic illness (Minsky, 1996). But too, it can be found in almost all everyday experiences, in the very fabric of our relationships to others, and in all the ideas we attach to them.

Unconscious processes are therefore also a part of the way that social marginalization is established and structured. Even hostile feelings towards others, such as the irrational dislikes often termed "phobias" or "isms," seek social justifications to legitimize an otherwise unfounded preoccupation. The creation of taxonomies of perversion could be an example of this process. Scholars like Siobhan Somerville (1994) and Ann McClintock (1995) have illustrated how the formation of notions sexual perversion correlated with inaugural colonial projects. These undertakings worked to shape the European subject through the fantasy of the non-European, where blackness and Indigeneity became associated with excess sexuality and bodily deviance. In this way, European's unwanted affects and drive impulses could be managed through the defensive processes, like projection. The colonizer deals with his own fears, and perhaps also desires around polymorphous perversity, through their evacuation onto another who is somehow marked by difference, such as the skin. By discussing these unconscious components of history, a more robust analysis can take place and perhaps generate new possibilities for understanding and reparation.

Psychoanalysis furnishes us with the tools to consider larger psychological components of socio-political mechanisms, while also allowing space for the idiosyncrasy of each individual. In

the psychoanalytic clinic, an untranslatable relation (Minsky, 1996) is formed between the analyst and the analysand. Regardless of the practitioner's psychoanalytic orientation, if all goes well, by simply following the foundational rule of saying whatever comes to mind, a distinctive space of exploration should be created. Although techniques do vary, the tenet of analytic listening challenges the accepted Western notion of a psychiatric expert (although the fantasy of a "subject supposed to know" can be helpful in analysis). Whether being a container (Bion, 1962), the object cause of desire (Lacan, 1975/1998), the blank screen (Freud, 1905/1963), or a relational object (Klein, 1975a), psychoanalysis prioritizes a particular kind of listening that bolsters an exploration of the individual analysand's unconscious.

In this way, I argue that psychoanalytic psychotherapy is well positioned to work with transgender people - a population whose voices have historically not been heard in the clinic, whose gender non-conformance is considered eccentric or pathological, and who often carry the of trauma based in lifelong experiences of discrimination. Analytic listening not only provides an opening to subjective idiosyncrasy, a useful instrument when confronting the multiplicities of gender, but also to the many processes that may otherwise go overlooked, such as the unconscious life of what we have come to call transphobia. Non-pathologizing clinical conversations have begun to take place, with some notable examples including a 2011 special issue Psychoanalytic Dialogues on "Transgender Subjectivities: Theory and Practices," and the scholarship of Adrienne Harris (2008, 2011), Griffin Hansbury (2004, 2005, 2011b), Patricia Gherovici (2010, 2017), Avgi Saketopoulou (2011, 2014), Jack Pula (2015), and Oren Gozlan (2015). However, these exchanges are truly just commencing and within them is a pronounced lack of transgender clinicians,[12] a result of the history of exclusion of LGBTQ people from psychoanalytic training programs.

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[12] I only know of two trans psychoanalysts who speak openly about being trans in their scholarship (Griffin Hansbury and Jack Pula). I am not aware of any trans-feminine spectrum trans psychoanalysts.

Transgender Mental Health

There is an unquestionable need for trans-competent mental health care in Canada and the United States. One 2011 American survey titled "Injustice at Every Turn: A Report of the National Transgender Discrimination Study," produced by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, found trans people were substantially more likely to access counseling than their cisgender counterparts - in fact in terms of transition-related health care, it was found that counseling was accessed even more often than hormones. The report showed that 75% of respondents were receiving counseling related to gender identity, while still another 14% aspired towards one day receiving therapy, leaving only 11% uninterested in any form of psychotherapy (Grant et al., 2011).

The reasons for these high rates can be better understood when considering several contextual factors. First, although criterions do vary, the WPATH Standards of Care dictate that trans people seeking hormonal or surgical medical care must receive an official letter from a certified psychotherapist or psychiatrist, dictating that they are prepared for treatment (Coleman et al., 2012). Many trans people must therefore seek out therapy, whether they want it or not, as a stepping-stone for access to other forms of health care. This requirement has resulted in enduring medical stereotypes about trans people, the most common being that trans people will surely lie during psychological assessments, regurgitating the requisite gender story that would most easily garner the signature of an unwitting clinician (Chiland, 2018; Forrester, 2017).[13] This assumption

[13] The oft-cited case of Agnes, documented by American sociologist and ethnomethodologist Dr. Harold Garfinkel (1967), provides an exemplary illustration of a young trans woman who was able to navigate such systems to her advantage despite the rigorous policies of the time. In 1958 Agnes appeared at the University of California's gender clinic, referred by a private physician to the prominent transsexual specialists of the time - Robert Stoller, Alexander Rosen and Garfinkel. The case report describes the 19 year old woman as "convincingly female…tall, slim, with a very female shape…with pretty features, a peaches-and-cream complexion, no facial hair…[without] any hint of poor taste…as is seen frequently in transvestites" (1967, p. 60). Viewed as a "Natural, Normal Female" (1967, p. 61) in the minds of her doctors, Agnes was considered to be deserving of sex reassignment surgery (SRS). Several years later, however, she "revealed" to Stoller that she did not have a rare intersex condition, the diagnosis which condoned her

has also been replicated by psychoanalysts, who report that trans people (like other perverts who relish their symptom, or psychotics who rely on foreclosure) are by and large uninterested in undergoing any genuine therapeutic treatment (Ambrosio, 2009). Many case studies have consequently described trans patients (and perverse patients) as obstinate, manipulative, and intentionally arousing disgust in their therapist. In one early characteristic article, written for the screening of transsexuals, Charles B. Stone (1977) describes his trans patients with distain, as "manipulative, demanding, and…troublesome in their behavior…[most] had histories of having taken drug overdoses and some had been hospitalized psychiatrically" (p. 26).

And in some ways, these accusations are correct. It has long been acknowledged that transgender people knowingly conform to medicalized discourses that do not reflect their gendered experience and actively constrain their identities, as a practical maneuver to access hormones, surgeries, and other services (Butler, 2004; Namaste, 2000; Serano, 2007). Given that access to transition has been so meticulously regulated, trans people have insightfully navigated gendered systems by closely studying cisgender people's fantasies about trans subjectivity, sharing them amongst underground networks so that they may be at least be made somewhat useful (Denny, 1992). Although not documented first hand, marginalized peoples resistance to systematized persecution can often be found chronicled through the frustrations of those in power, such as within incarceration records of poorly behaved gender variant inmates (Lobdell, 2012).

Psychotherapeutic work with transgender people has, until quite recently, positioned gender variance as disordered. As Judith Butler (2004) has articulated in *Undoing Gender,* "one does end up internalizing some aspect of the diagnosis, conceiving of oneself as mentally ill or 'failing' in normality, or both, even as one seeks to take a purely instrumental attitude toward these terms" (p.

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surgical endeavour. She had in fact "lied" to the physicians, knowing full well that she would have otherwise been denied access (Garfinkel, 1967; Stryker & Whittle, 2006).

82). Slow movement away from this framing has been concretely reflected in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) with the replacement of the identity-based "Gender Identity Disorder" with the symptom focused "Gender Dysphoria" (American Psychiatric Association [APA], 2013). Given that therapeutic treatment often revolves around assessing a trans persons "readiness" for transition (Coleman et al., 2012), a systematic task that perhaps also functions to contain the anxieties of an ill-prepared clinician, the patient's actual psychical needs may still go unaddressed.[14] And although each transgender client will indeed have their own relationship to gender and idiosyncratic relationship within the therapeutic dyad, there are some common overarching issues that can be delineated at the outset.

Transgender people face a somewhat astounding breadth of issues related to their social marginalization. They are more likely to be rejected by family and friends upon coming out than the rest of the LBGT community (Bockting et al. 2013; Koken et al. 2009). They face discrimination in the workplace and underemployment (Burns & Krehely, 2011; Haas et al., 2014; Schilt, 2010). At school, gender variant children are more likely to be harassed and bullied (Clark et al., 2014; Haas et al., 2014; Kim, 2009). They are often refused treatment by doctors or health care providers, or they are simply unable to find a doctor who is competent in transgender needs (Giblon & Bauer, 2017). Trans people also experience very high levels of poverty and homelessness (Durso & Gates, 2012; Grant et al., 2011; Kattari & Begun, 2017), physical and sexual violence (Lombardi et al., 2008; Stotzer, 2009), and harassment by law enforcement (Moran & Sharpe, 2004; V. K. Namaste, 2011). These histories of family rejection, discrimination, homelessness, and transphobic assault contribute to greater drug and alcohol use among trans

[14] I use the word "need" here, cognizant of what Lacan would call analytic "desire," which is what is leftover from need, after the demand has been addressed. In this example, the trans client may have "needs" which contain both biological imperatives (the need for physical safety, for example), in addition to the demand for love – a leftover that Lacan would call desire (Lacan, 1975/1998).

people (Scheim, Bauer, & Shokoohi, 2016, 2017). All of these factors are additionally impacted by compounding social locations such as one's race, citizenship, class, disability, or sexuality.

As one consequence, the transgender population has a glaring disproportionately high rate of mental health struggles (such as anxiety and depression), suicide, and suicidal ideation. The Trans Pulse Project, a community-based research project in Canada, found that 46% of transgender Ontarians had attempted suicide, compared to 3.82% of cisgender Canadians. Additionally, 77% of transgender Ontarians experienced suicide ideation in their lives compared with 11.25 of cisgender Canadians (Bauer et al., 2015). Another report from Trans Pulse survey showed high rates of depression (Rotondi et al., 2011), while many other studies addressed how discrimination leads to poor mental health in LBGTQ populations (Bockting et al., 2013; Burgess et al., 2008; Grant et al., 2011; Mustanski, Garofalo, & Emerson, 2010). The American National Transgender Discrimination Survey found "exceptionally high" rates of suicide, while also revealing that those who are younger, multiracial, indigenous, who have lower education, and lower household income, are even more likely to attempt suicide. Other variables contributing to suicide attempts included high rates with those who disclose that they are trans, those who don't pass,[15] HIV positive, or have disabilities (Grant et al., 2011).

When considering the extensive scope of these potential barriers, it becomes clear that trans people require ameliorated access to a wide scope of trans-competent health care, including psychotherapy. But beyond the rudimentary standard of equitable care, service providers must be mindful that those who are trans have a high likelihood of experiencing psychological trauma

[15] "Passing" is common shorthand for the experience of trans people being perceived as cisgender. In other words, their transition history is invisible. The act or idea of passing is controversial, as it sets a standard of cisnormativity that is often accessed through axes of privilege. The common focus on passing can also reinforce a notion that being trans is something to be ashamed of, or that trans people should want to hide. Janet Mock (2014) has addressed these issues in her biography *Redefining Realness*.

associated with intersections of social marginalization. Trans clients therefore require access to clinicians who can not only proficiently offer supports as they undertake gender transition,[16] if transition is something they should want to do, but also as they explore the resonant impacts of social discrimination. The conscious and unconscious housing of affects related to the other's anxiety surrounding gender variance will find innovative repetitions, unless they are carefully worked through.

Situated Research

The act of attempting to situate oneself in knowledge production is contentious and perhaps also clichéd after enduring legacies of feminist debate. "Feminist Standpoint Theory" emerged in the 1970s and 80s as a way to tackle patriarchal oppression in dominant research paradigms. This critical theory acted as both epistemological and methodological guide to feminist investigations. In brief, standpoint theorists argued that up until this point, women had only been the objects of inquiry, not subjects in their own right. They underscored that biases indisputably emerged from so-called value neutral positivism, while further centering and situating research from women's perspectives (Harding 2004).

By emphasizing social location, feminist scholars argued that marginalized communities are endowed with distinctive ways of knowing, unmatched by and inaccessible to the prevailing group. Standpoint theorists controversially contended that research should always begin from the place of those who are marginalized, especially if the research in question considers their own lived situation (Collins, 1986/2004; Haraway, 1988/2004; Hartsock, 1997/2004; Smith, 1972/2004). In this way, the practice's origins can also be traced in Marxian thought and its attention to the decentered subject, the proletariat. As Sandra Harding (2004) argues, standpoint

[16] This includes a physical or social transition.

theory "revives, improves, and disseminates an important Marxian project…at an otherwise inauspicious moment" (p. 3).

Disputes continue to emerge regarding standpoint theory, including accusations that it works to sanitize Marxism, carries an implied universalism of women's experience, lacks accountability to other intersections of oppression, is epistemically relative, and offers a fundamental theoretical paradox[17] (Harding, 2004; Hekman, 1997; Longino, 1993). But the particular tension that I would like to highlight in this context is the conflict between identity-based feminism and psychoanalysis. That is, a methodology based upon membership to a particular group and the non-categorical psychoanalytic identity claims brought forward by Vanheule and Verhaeghe (2009).

At first glance, there may seem to be an essential, irresolvable tension between the prioritizing of identity categories and a focus on the unconscious. A psychoanalytic perspective is critical of claims to self-authorship that do not center psychical aspects like early object relations, transference, defenses, desire, and/or co-constructed realities. Post-modern feminist, queer anti-identitarian critiques have also used psychoanalysis to take issue with the reductionism of materialist feminist epistemologies. One of the most famous textual examples would be the destabilizing of to the category of women in feminism, brought forward in Judith Butler's (1990) *Gender Trouble*. Although some post-modern feminist standpoint theorists like Nancy Hirschmann (1998) have attempted to bridge the divergences, primarily through versatility and intersectionality, the fact remains that "without the subject 'woman,' regardless of how we define it, feminism cannot exist" (Hirschmann, 1998, p 88).

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[17] This paradox in Feminist Standpoint theory can be found in the claim that there is no superior un-biased knowledge from which to make claims about the world, while at the same time suggesting that marginalized people hold an epistemic superior position to those who are not marginalized (Longino, 1993).

In this dissertation I draw from standpoint theory, but not with the claim that any one identity category is innately more privileged in any given field or that one can truly account for the multiplicities of meaning housed within a signifier like race, class, or gender. I am persuaded by psychoanalytically informed queer theorists – such as Tim Dean (2000), Leo Bersani (2010), Teresa De Lauretis (2010) – who in different ways value the unpredictability and incoherence of anti-identitarian imaginings. Psychoanalysis subverts one's standpoint. Yet while commissioning with these notions of ego malleability, I aim to query the anxieties that identity-based signifying containers work to hold, while simultaneously considering the material social implications of their linguistic functions. To provide a tangible example, we might ask: What anxieties does the identity category of "transgender" contain – for both transgender and cisgender subjects? Further, how do those who agentically take on the identity transgender navigate its psychical ascriptions, and what does being read as transgender (non-agentic) entail on an unconscious level?

The following project thus thinks with psychoanalysis and the non-categorical aspects of transgender identity, including how identity is formed in relation, as a part of drive regulation, and as a functional fantasy, with a keen eye toward identity-based systemic marginalization. The reasons why refuge may be sought in claims for cohesive categorical identification can perhaps be uncovered through Lacan's notions of difference as foundational, traumatic, and also essential to desire. From there, the perceived threat of the transgender subject can be better understood, but so too will the contemporary phenomenon of transgender acceptance. Using psychoanalysis, I hope to show that coming to terms with difference cannot be about knowing the other, as contemporary neoliberal inclusivity politics would have us do, but rather navigating an ethical relationship to lack – a fundamental unknowing. This particular notion of lack is founded in the subject's entrance into language (castration), the germinal moment of separation that leaves us split and full of

questions, but also allows for desire. A psychoanalytic ethic thus asks that the subject to attend to their unconscious - "ne ce pas céder sur son désir" (Žižek, 2000, p.153) - with the knowledge that fantasy, including the fantasy of cohesive and stable identity, is always ultimately a defense against the enigma of the Other.

Like Hirschmann (1998) we can work to amalgamate these divergences through a flexible intersectional approach. But further, beyond the tightrope of postmodern/materialism, psychoanalysis can be usefully combined with standpoint theory to consider the *non-categorical* aspects of trans identity. Transgender subjectivity can, for example, be explored through object *relations*, whether to a particular analyst or even institution, like the school of psychoanalysis more broadly. Thinking relationally allows for deliberation upon the transference, defenses, acting out, or unconscious repetitions at play. As also suggested by Vanheule & Verhaeghe, (2009) we might additionally consider the *function* of identity claims. For example, one functional aspect of the discursive production of the perverse subject could be *drive* regulation, through externalization of ego-dystonic wishes. Through a psychoanalytic lens, identity and social positionality become useful analytic tools, in ways not previously considered by feminist standpoint theorists.

I arrive to this research as a transgender man writing at an exciting time in psychoanalytic history, where trans perspectives can no longer be simply trivialized, or at least not without contestation. This is a substantial movement away from being readily cast into the vectors of delusion. The dissertation therefore joins a small, yet quickly expanding collective of individuals who are dismantling taken-for-granted notions of gender-based pathology in psychoanalysis. However, unlike the majority of those individuals I additionally write from the perspective of someone who is transgender and who believes in the epistemological value of speak openly about my identity and subsequent lived experiences. As a trans person, I have encountered overt, covert,

and systemic violences as a result of my personal identification and visibility. This discrimination includes the subtle, and sometimes not at all subtle transphobia that exists within psychoanalytic communities. I do believe that these experiences give me a distinctive and valuable insight from which to begin my research.

A big part of my experience of being trans in psychoanalytic communities has been the regular task of navigating sensations that arise when fielding another person's multifold reactions to gender variance. These sensations weave themselves between the transference and countertransference. Although there are a limited number of psychoanalytic articles that openly discuss transphobia in the countertransference (Lothstein, 1977; Quinodoz, 2002) there are fewer that take up this transference from a transgender perspective (Pula, 2015). Thus even in incipient and vital non-pathologizing psychoanalytic work, trans people continue to be primarily "spoken about." Although there is some precedent (Cardinal, 1983; Tusquets, 1985), it is very rare to hear patient's perspectives in the psychoanalytic clinic alone, let alone queer and trans voices. This dissertation's other research objects, including previously published clinical material, psychiatric diagnostic manuals, and transgender art, are also informed by my own positionality and interest in contributing to transgender competency in the psychoanalytic clinic.

There are a few additional junctures from which I write that I would like to highlight in this section. I am also situated as a white academic, who is on the trans masculine spectrum. Psychoanalysis has a whiteness problem as much, if not more, than "psychoanalysis has a major sex problem" (Gherovici, 2017, p. 36). Race and racism is another topic skirted or avoided in psychoanalytic writing, which additionally has clinical implications (Altman, 2004). Psychoanalysis emerged alongside early European colonial projects, and many of its foundational texts are built upon imperial metaphor (Freud, 1913/2004, 1930/2002). As much as I think through

perversion as a category that was generated alongside race (Somerville, 1994) my own whiteness generates oversight. Additionally, the majority of pathologizing critical writing about trans people, and in particular the conflation of transness with perversion, has been directed towards trans women. The few trans people that have been writing from a clinical psychoanalytic perspective have been trans men (Hansbury, 2011; Pula, 2015). Likewise I will not be able to speak personally to the impacts of what Julia Serano (2007) has called transmisogyny, but my analysis will address its implications. Finally, speaking from an academic standpoint carries inherent problems of inaccessibility and impracticality, especially when using psychoanalysis, which has a reputation for opacity.

The Frame

In psychotherapy the frame represents the treatment's container, the environment or the relational rules of conduct that govern the counseling space. It sets the clinical boundaries that both the therapist and the client can rely upon, and those grounding rubrics facilitate trust through their consistency (McWilliams, 2004). Some examples include office location, the time when the session starts, the types of interpretations that the therapist provides, protocols regarding missed sessions, and the structure of payments. An unconscious breach of these boundaries, such as turning up late for a session or a last-minute cancellation, may help the psychotherapist identify when the client is acting out. Clinicians may also choose to consciously push at the edges frame themselves, as even the most subtle boundary crossings can be felt by the client as profound and transformative moments in treatment (McWilliams, 2004). However, a calculated and atypical crossing is notably different than a boundary violation and the predictability of the frame serves as an essential "non-process" (Bleger, 1967, p. 511) that facilitates the healthy propagation of transference.

In a comparable fashion this project is also guided by its own container, which provides the scaffolding for creativity and for those thoughts seeking a thinker (Bion, 1962). And like a clinician I may also, at certain points, strategically push at the predictability of my research structure. In writing and art, disruption of the frame unsettles the complacency of reiterative performativity, often carrying a memorable affect similar to a gentle boundary crossing in an analysis. But for boundary crossings to hold any particular sway, there must be dependable arrangement from the outset (McWilliams, 2004). For the following project I will furnish the instantiating structure by outlining my use of terminology, the core theoretical frameworks, and my research methodologies.

Terminology

The domains of language surrounding gender, gender expression, and gender identity are complex and still widely debated. Semantic choices in this investigation therefore hold noteworthy theoretical and political weight. These linguistic controversies are also perhaps quite appropriately symptomatic of the enigma of "sexual difference," as conceptualized by Lacan, a difference that exceeds language and easily articulable meanings. As previously discussed, the fantasy of coherent identity categories provides an important pacifying effect and anxiety is stirred when those classifications are disrupted. As Gherovichi (2016) has also articulated in a recent online lecture in relation to the proliferation of language surrounding gender identifications, "as a symptom we produce a multiplicity of failed answers to this impossibility."

On a less theoretical level, however, transgender terminology is complicated further by changes to social world and rapidly shifting understandings of gender identity. These semantic changes can be subtle. For example, within the past five years "transgendered" with an "ed" had been a common enough referent. As of now the term has been deemed injurious in its implication that trans is something that one has "done" (the affixed "ed" making transgender both past tense

and a verb), rather than an identity label that one is (Steinmetz, 2014b). Although people with gender that varies[18] have always existed, it was only in the late 1960s that the term "transgender" was coined and its meanings have shifted substantially. Before this time, "transsexual" was the chosen nomenclature, and before that "transvestite." There has also been a tendency to collapse gender identity into sexual object choice and those who would now be considered trans have also been called inverts (M. Stein, 2004).

With a keen eye on the historical manifestations of these taxonomical debates, in this project I have chosen to use both "trans" and "transgender" interchangeably, as umbrella terms which will encompass, but are not limited to, an ever-multiplying field of identifications including trans*, Two Spirit, transsexual, gender queer, gender non-conforming, MTF, FTM, transwoman, transman, gender dysphoric, bi-gendered and a-gender. Each of these identifications carry their own complex instigations, genealogies, and contemporary debates. This project seeks to more broadly understand psychiatric and psychoanalytic reactions to gender which varies from cis-normative iterations. It must be noted that not all those listed under this umbrella may identify as "trans" or with "trans" terminology. For example many Two Spirit people and Indigenous communities have expressed frustration with the primacy of colonial definitions of sex and gender (Morgensen, 2011). I will also use "gender variance" as a way to more generally describe non-normative gendered occurrences that do not necessarily rely upon other historically dependent identifications (like "transsexual"). "Cisgender" or "cis" will be the terminology employed for those who identify with the same gender that they were been assigned at birth. I have also sometimes made deliberate and somewhat hyperbolic use of the word "transsexual" or "transvestite" to emphasize a medically-based panic associated with gender variance. These

[18] This variance is always dependent upon deviation from a norm, a norm which is context dependent according to historical time, culture, and social position.

fantasies have a rhetorical force that also appears in mainstream discourse, such as the stereotype of the transsexual pervert.

"Transphobia" designates the anxieties provoked by gender difference. It can manifest in "negative attitudes (hate, contempt, disapproval) directed towards trans people because of their being trans" (Bettcher, 2014, p. 249). Its enactments can arrive unconsciously or consciously, internally and externally. Both cisgender and transgender people can be transphobic. For example, a trans person might feel that they are inherently "sick" based upon internalized notions of pathology. They could further project those notions onto other trans people in their lives. A cisgender person may feel anxiety surrounding their own gender failures (inability to live up to hegemonic masculinity is a common expression of this "failure"), and act violently upon a trans person to quell their internal distress (Namaste, 2011). "Cisgenderism" has also come into common usage, as it captures "the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth" (Lennon & Mistler, 2014, p. 63). Transphobia, conversely, focalizes the fear or panic surrounding trans people rather than explicitly focusing upon systemic issues and pervasive cultural discrimination.

When I refer to "clinical psychoanalysis," I mean theory that has emerged from a psychotherapeutic context, or that primarily uses clinical material as its object of study. Although the majority of this writing has materialized from official psychoanalytic associations like the IPA, clinical research has also developed from unauthorized venues, including from feminist (Dimen & Goldner, 2002) or queer critical race theory (Eng & Han, 2000). My primary theoretical frameworks are not strictly delineated, rather they are cross-disciplinary. Clinical psychoanalysis has had a tendency towards exclusion and dogmatism (Casement, 1990), including contentious divisions amongst psychoanalytic disciplines themselves. Instead of commissioning these rigid

delineations, I choose a more eclectic approach, drawing from Freud, object relations, Lacan, Laplanche, Bion and others. Interest in slippery signifiers like perversion will instead structure my thought, permitting a larger speculative scope that reaches across drive theory, psychical structures, relationality, and culture.

These clinical frameworks can be further differentiated from the humanities-based epistemologies, including transgender, mad, queer, feminist, and critical race studies. Although each of these disciplines has, in different ways, used and critiqued psychoanalysis, it has primarily been from outside of a clinical milieu. The degree to which this scholarly use of psychoanalysis has been removed from mental health research ranges, as its theoretical endeavors have been applied to fields like films studies (McGowan, 2007; Mulvey, 1989), literature (Klages, 2017), and political science (Auestad, 2012a). Some scholars have used psychoanalytic concepts metaphorically. For example, feminist film scholar Laura Mulvey (1989) used drive theory to conceive of the "male gaze," a useful intervention into cinematic misogyny but only artificially similar to the original Lacanian theory of the gaze. Like Giffney & Watson (2017), I choose to stage a critical analysis that combines both the humanities-based social theory of transgender studies and the clinically based psychoanalysis.

Within the exploration of this dissertation's theoretical framings, it is further important to differentiate between psychoanalysis and psychiatry while also mapping their intersections. The contemporary field of mental health the West is saturated with many different forms of treatment, including Cognitive Behavioral Therapy (CTB), Gestalt, Mindfulness and Eye Movement Desensitizing and Reprocessing (EMDR). Nevertheless, psychiatry remains the dominant form of legitimized psychological treatment, as it is a positivist medical specialty based upon diagnosis. When considering which field has the widest effect on the continued pathologizaiton of

transgender people, one may therefore question if it is not more useful to turn to an analysis of psychiatry, rather than psychoanalysis. Although there has been a contentious relationship between these two fields, psychoanalysis has contributed significantly to contemporary understandings of gender variance and perversion in the DSM. I nevertheless argue that psychoanalysis, if informed by theories from social justice movements like Mad Studies (LeFrancois, Menzies, & Reaume, 2013), can provide matchless interventions into the dominant paradigms of disorder that are legitimized through psychiatric customs.

Methodology

This dissertation employs a combination of approaches including critical historiographies, discourse analysis, content analysis (visual methodology), case studies, and narrative research. These various facets guide my choice of objects – psychoanalytic case studies that include gender variant analyzands, contemporary queer visual and performance art, and personal narrative. Using case study, I broadly survey the history of psychoanalytic ideas relating to transgender and gender variant people's perversion. An analysis of early academic publications on the nature of transvestism will provide a robust foundation for understanding the theoretical clinical relationships to gender variant patients. I will closely examine historical case studies in which actual gender variant analysands have been used in the clinical material. These investigations are guided by analysis of their manifest theoretical content and a psychoanalytically inspired discourse analysis. In other words, I plan to think through the concrete ways that psychoanalytic theories have been applied over time, as well as subtle manifestations of clinical transphobia and broad anxiety surrounding gender and difference.

Visual art provides a helpful venue for accessing parts of the human psychical experience that are unspeakable and ambivalent. Using content analysis, this research also primarily employs queer film and performance art as pivotal sites of inquiry. Freud (1920/2003) argued that art was

one of the only places where both the pleasure principle and the reality principle could be simultaneously entertained. Many contemporary psychoanalytic scholars similarly contend that art may facilitate an unmatched proximity to untenables like feminine jouissance (Ettinger, 2005) the death drive (Edelman, 2004), or the abject (Kristeva, 1982). The symbolic meaning of images and the exploration of fantasy is a deep commonality shared throughout psychoanalysis and art practice (Rose, 2011). Psychoanalytic theory has thus had an intimate relationship to many art practices and movements, such as the Surrealist and Dadaist movements of the 20th century or the feminist art explosion in the 1970s.

Instead of qualitative clinical research, I draw extensively upon transgender art and cultural production. Art, in its uncanny ability to unsettle and represent the unspeakable, is conceivably the most well-suited substitute for an alternative object of study. The creative queer and trans material under consideration in this project has been sourced from achieves of minoritarian communities (Cvetkovich, 2003). It is art and cultural production that actively works to represent the multiplicities of transgender subjectivity and those experiences that continue to be relegated to the margins. By exploring ephemeral minoriarian transgender art practice, this research aims to center and support the work of queers who actively challenge the pressure to homogenize and formalize the subjective and multifaceted aspects of their gendered experience.

As previously stated, with a few exceptions, little scholarly writing has been done from the perspective of the analysand. My concluding object of study is therefore my own experience as a trans-identified person, undergoing an analysis with a queer analyst at the frequency of four times per week. Narrative research has traditionally been employed by feminist scholars as another way to foreground the consequence of positionality, the subjective nature of research, and the political nature of “the personal” (Woodiwiss, Smith, & Lockwood, 2017). By combining discourse

analysis and case study, I explore significant relational therapeutic moments, including my transferential relationship to my analyst and the unconscious life of transphobia between us.

Chapter Summaries

The following chapter, "Trans/Sexual Uses of Perversity," starts to investigate gender variant subject's tenacious association with perversion, in both psychiatric history and popular culture. I question the various discursive mechanisms that unremittingly cement transgender people in close proximity to sexual deviance. Borrowing from the gatekeeper emotion of "disgust," I argue that contemporary boundary projects – like the American transgender bathroom panics – illustrate the continued relevance of the imaginary figure of the "transsexual pervert."

Freud's most well-known theories of polymorphous perversity illustrate that every subject maintains an ambivalent relationship to sexual normalcy, while also assigning contradictory meanings to perversion (lingering and extending). I interrogate the ways that these contradictions have been metonymically applied to gender variance through transgender people's assumed sexualized mental illness. I subsequently explore how instantiating psychoanalytic clinical writing on "the transvestite" has both structured and coagulated trans people's relationship to sexualized feelings. Ironically, this anachronism persists while also being used to deny transgender people an authentic sexuality. These paradoxes are explored through Skyler Brandon Fox's (2015) autoethno-pornographic film *Hello Titty!,* which disidentifies with trope of the transsexual pervert to publicly mourn Fox's pre-surgical body.

Building upon the previous section's investigation of the figure of the transsexual pervert, chapter three uses Freud's second framework for perversion to better understand commonplace enactments of clinical transphobia. "A Perverse Solution to Misplaced Clinical Distress" begins by surveying one of the most influential and controversial diagnostic manuals in the West – the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). By closely examining the

chronology of trans-related diagnosis in the manual, one encounters the development and trajectory of the medicalized legitimization of transgender pathology. As many scholars have interrogated the manual before me, I choose to uniquely use psychoanalysis to consider how the symptomatology of gendered disorders have worked to consolidate the trans subject as a *suffering* body.

In its fifth and newest DSM version, the robust handbook has provided long sought-after changes to the diagnostic criteria regarding gender variance. Making use of Freud's writing on fetishism and disavowal, I trace how a "perverse" type of defense characterizes these modern taxonomical modifications, restricting access to transition-related resources by requiring iterations of transgender suffering and distress. Through the donning of a fetish object, defensive disavowal functions to ignore an upsetting reality while another traumatic truth remains intact. This chapter underscores that the DSM-V's new diagnosis of "Gender Dysphoria," although a vast improvement from “Gender Identity Disorder,” uses perverse defence mechanisms to assuage clinician's anxiety in the face of difference. Transgender artist Chase Joynt's (2012) video installation, *Resisterectomy*, provides an example of transgender surgical narratives that disrupt these anticipated affects, temporalities, and curative measures.

Chapter four continues to reverse the script, interrogating further what psychoanalytic theories of perversion can reveal about clinical transphobia. Beginning in an unconventional place, I consider how Phillip K. Dick’s well-known science fiction novel *Do Androids Dream of Electric Sheep* thematically explores hidden wishes, that linger throughout human trepidations about non-human life. These dystopic ruminations, in turn, work to illuminate how the apparent “worst” fears surrounding transgender subjectivity can actually be stories about normal, neurotic, cisgender desiring. The recurrent insistence that androids cannot ever “feel the same” as a real human (they

lack empathy), betrays a universal fantasy, fashioned from an instantiating primal loss. I argue that this loss, and the necessary fantasies that surround its traumatic inception, are mitigated through clinicians' administration of transgender perversion.

This chapter makes robust use of Lacan's lectures on the topic of castration, desire, and the three structures of the mind. Lacan's conceptualization of perversion as structural position provides an entirely distinctive clinical application, one that both draws from and moves beyond Freud's notions of polymorphous perversity and fetishism. Structurally, the pervert evades one component of castration; that is, although they are alienated from the Other by the "no," they are not fully separated, remaining the object cause of the Other's desire. Those with (the more common) neurotic structure, conversely lose this symbiosis and must find pleasure in their fantasies of what was given up. They can only dream of perversion. I subsequently argue that clinical ascriptions of transgender pathology are actually the expression of a properly structural neurotic wish: a wish to abandon desire's endless deferrals for perversion's certainty. Through a close reading of a surrealist pencil and paper drawing by a transgender analysand from 1948, I consider how the psychiatrist, Dr. Grotjahn, analyzes his patient in an unconscious fulfillment of his own perverse aspirations.

The final chapter, "Transsexual Chimeras and the Politics of Listening," also moves into the realm of the surreal and fantastical by considering what is helpfully monstrous about transgender people in clinical psychoanalysis. Employing narrative research, I make use of my own experience of undergoing psychoanalytic psychotherapy at a frequency of four times a week, to investigate the political nature of a contemporary clinical relationship between cisgender male analyst and transgender male analysand. This inquiry considers the meaning of silence and failures of speech, the clinical uses of intermediacies, the trauma of non-recognition, and the psychic life

of transphobia in a cis/trans therapeutic diad. Drawing from transgender studies with Stryker's (2006a) insistence on trans reclamation and from psychoanalysis with Michel de M'Uzan's (2013) analytic Chimera, I consider the significance of sitting with the discomfort of historical transphobia and the precarious value of therapeutic in-betweens.

Chapter 2: Trans/Sexual Uses of Perversion

"As the outside has seeped in…"
- Ken Corbett, "Gender Now," 2008

Sorting Transgender

As a scholar of Gender, Sexuality, and Feminist Studies, I often find myself in the "HQ" section of the library. Those familiar with the Library of Congress (2017) sorting system will perhaps recognize HQ: the letter "H" is the broad classification for the Social Sciences and the adjacent "Q" a subclass for "The Family. Marriage. Women." Despite its taxonomical innocuity, a fitting amount of salaciousness has been hidden away within these domestic, matrimonial, and mono-gendered subject catalogues. It is tellingly then, that on the shelves HQ12 and HQ 449, a small grouping officially classed as "Sexual Life," one will find all manner of writing and theory dedicated to queerness, transgender people, feminism, sex, and sexuality. And although many of these subject fields have evolved into prolific, legitimized disciplines, with some even being carefully folded into systems of neoliberal tolerance (Duggan, 2002), they are nevertheless still collected under disparaging and antiquated library collection titles like "Sexual Deviations, Transvestism, Masochism, Fetishism, Prostitution, Masturbation, and Emasculation" (Library of Congress, 2017).

The glossary's tight and stigmatizing proximities do raise the question: what does it mean for knowledges to be sorted adjacent to one another, to hold space "next to." Significant in the context of this dissertation, the current library system categorizes "Transsexualism" under sexual life and alongside sexual deviation. It is in this location that one can find innovative scholarship from the burgeoning field of transgender studies (Stryker & Whittle, 2006), awkwardly sitting sandwiched between "Transvestism" and "Sadism." Clearly then, although there have been many advancements, transgender people continue to be cemented to sex, and further, are often

systemically associated with sexual perversion. As Freud (1925/2006) observed in his short essay "Note on the 'Magic Notepad,'" while we may receive a seemingly infinite amount of information – whether accumulated in libraries or passing through our conscious mind - traces of the past can always be found, lightly imprinted on the paraffin.[19]

The issue of pathologizing trans-related classification systems should be reminiscent of similar nosological histories contained within the DSM, which we shall explore in more depth in the following chapter. It is only very recently with the updated fifth version, that a new category of "Gender Dysphoria" has replaced the previous more problematic diagnosis of "Gender Identity Disorder" (APA, 1994, 2013). Since its instantiation in 1952, gender variance has been included in the manual as a diagnosable mental illness, defined as a sexual deviation similar to pedophilia or homosexuality (APA, 1952, 1968); as a psychosexual disorder bordering the perversions/paraphilias (APA, 1980); or an identity disorder, again situated categorically "next to" sexual dysfunction and non-normative sex acts (APA, 1994). After much deliberation (Schneider et al., 2009) the DSM-V has taken several meaningful steps to depathologize transgender people, including the creation of an entirely new section, no longer next to (or a subsection of) the paraphilias. The diagnosis criteria for Gender Dysphoria aims to balance heated controversy (Lev, 2013) by providing concrete measures for an experience of gendered suffering (dysphoria), while no longer disordering trans-identity in and of itself.[20] Yet, like the HQ section, this history cannot

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[19] Freud used a children's "magic note pad" as an analogy to explain memory apparatus. These notepads (also translated to "mystic writing pads") were made with wax or resin, covered with a transparent sheet, allowing the child to remove whatever was written by separating the two layers. However, soft word imprints would remain on the wax beneath the surface, even after their erasure. Comparably, an unlimited amount of information can be recorded in through a subject's perceptual-conscious system, and forgotten; yet traces are always left behind in the unconscious.

[20] It debatable whether the depathologization of gender variance can be accomplished though this move to Gender Dysphoria. Some trans activists have argued, for example, that simply keeping any trans-related diagnosis in the manual will always result in an association of trans people with disorder. Critical disability scholars have also argued that trans communities should not advocate for the removal of gender-related diagnosis, but rather question the move to acquire normalcy (Clare, 2013).

simply be expunged. The formidable associations of trans people with perversion have continued to leave a lasting impression.

Sara Ahmed's (2006) pivotal *Queer Phenomenology* has also addressed the question and meanings of LGBTQ2 proximities. Throughout this work, in her characteristic homonymistic close reading of particular word, Ahmed argues that all subjects are "oriented" in the world. With this orientation, individuals are pointed towards taken-for-granted ways of being, including normalizations grounded in sexuality, gender, and race. She explains that these orientations also take up material space and that what is most physically proximate to each individual may also be what they tend to reach towards (or what they are expected to reach towards). This nearness is intimate and embodied, too, taking on familiar qualities, much like home. Yet "in order to become oriented…we must first experience disorientation" (Ahmed, 2006, p. 5) and therefore marginalized subjects - like the feminist, queer, or the migrant - challenge these conventional orientations. They are consequently often experienced as threatening and in need of much stricter categorization.

For example, in one more personal section of her text, Ahmed (2006) shares a disheartening queer experience of entering a public dining room on vacation with her partner, to be faced row after uniform row of analogous, heterosexual table groupings. She laments "I am shocked by the sheer force of the regularity of that which is familiar: how each table presents the same form of sociality as the form of the heterosexual couple. How is it possible, with all that is possible, that the same form is repeated again and again? How does the openness of the future get closed down into so little in the present?" (p. 82). The question of recurrence is an excellent one for psychoanalysis, for whom unconscious repetition is an important indication of unresolved conflict. Conspicuously then, in its repeated housing of unconventional and queer sexualities under "The Family. Marriage. Women." and trans experience under "sexual life," section HQ12 to HQ449 in

the library closes down the openness of a multifaceted future, while also illuminating an internal struggle regarding difference. These rigorous and anxious groupings preserve transgender people's orientation towards sexual deviance, flattening the creativity of "all that is possible" in gender identifications and expressions.

This chapter explores the function of resolute connections between transgender subjects and sexual perversion, through the lens of psychoanalysis. Perversion is a slippery signifier, unusually prolific in its definitions and genealogies. Most commonly, it is associated with various types of sex acts that too drastically veer from an expected trajectory or outcome. Depending on the historical time and socio-political context, for example, the perverse subject could be depicted as a sadomasochist, a homosexual, or a rapist. In psychoanalytic theory, perversion has also taken up a wealth of divergent and sometimes contracting meanings, ranging from Freud's foundational polymorphous perversity (1905/2011), to perverse systems of defense (Coen, 1997; W. W. Katz, 2009), to Lacan's perverse structure (1996/2006). These varied theoretical configurations have been further braided into the functions of homophobia, kinkphobia, and transphobia in the psychoanalytic clinic.

Since gender variance has maintained a close proximity to perversion throughout history, their relationship is complexly interrelated. In fact, an analysis of the very first clinical material to discuss gender variance clearly revealed this nosological interdependence: the emergence of the clinical language of transvestism relied heavily upon an understanding of sexual perversion. The following section thus works to survey these instantiating "orientations" in more depth, providing not only a history of the concept of transsexuality, but also an analysis of the lasting repercussions of their discursive tethering. The abject nature of the perverse functions as a boundary project, keeping out that which has been constructed as dangerous in its difference. Yet like any ideological

boundary project - especially one linked to sexuality - the outside is quite likely to seep in (Corbett, 2008).

There is perhaps no better place to consider the symptomatology of porous moral containers than the lavatory, so we will begin with the contemporary example of bathroom panics. Feelings of disgust and the continued prejudiced management of gendered space illustrate the lasting resonance, and relevance, of trans people's orientation towards perversion. From here, some of perversion's benchmark definitions are investigated to uncover untenable and contradictory linguistic partitions. These contradictions - including the notion that perverts both linger and extend or are both transgressive and conservative – also have lasting implications for all those who have been assigned the label of perversion. In particular, I analyze how the clinical genealogy of perversion, from the 1930s onward, has resulted in a system of medical legitimization which regulates trans people's sexuality. Much like perversion's definitional contradictions, gender variance was first acknowledged only if it was accompanied by sexual impulse; yet from the 1960s onward, the reverse became true. As transgender people must continue to navigate the legacy of these ascriptions, I conclude by considering contemporary transgender artist Skyler Braeden Fox's (2015) queer pornographic video *Hello Titty!*. This piece provides a useful visual representation of community-based response to, and disidentificaiton with, many elements of the multifaceted edifice of transgender perversion.

Leaking Bathrooms

Disney and Pixar's animated coming of age comedy, *Inside Out* (Docter, 2015), begins with a humble premise. The film tracks the childhood development of Riley, a spirited 11-year-old girl who is learning the importance of being able to feel and articulate her experience of a range of emotions. The audience is transported into the "Headquarters" of her mind, where five basic feelings compete for recognition of their experience of Riley's daily life.

Joy: Hmm...this looks new.
Fear: Think it's safe?
Sadness: What is it?
Disgust: Okay, caution, there is a dangerous smell, people. Hold on, what is that? That is not brightly colored or shaped like a dinosaur, hold on guys... it's... broccoli!
Riley: Yukee! [flips bowl of broccoli on Dad]
Disgust: Well, I just saved our lives. Yeah, you're welcome.

Through the lens of low theory (Halberstam, 2011) and the candid simplicity of a children's queer sideways growth (Stockton, 2009), this story's main themes underline the significance of Riley's losses, mourning, and the parental function of containing unbearable affects (Bion, 1962). To imagine the personality of each "feeling" character, the film's director consulted with an emotions expert, Prof. Dacher Keltner (Judd, 2015) at the University of California. In their subsequent rendering, Disgust becomes a green-coloured high-femme valley girl, who files her long nails while speaking, and is unimpressed with every benign occurrence. Her flippant, trendy attitude provides a humourous, anthropomorphic caricature of this necessary developmental function. Disgust discerns which parts of the world present an insurmountable danger, and are to rightly be avoided.

Charles Darwin (1872/2009) was one of the first Western minds to consider the evolutionary function of disgust, and in *The Expression of Emotions in Man and Animals*, he laid the groundwork for current scientific research on affects and species fitness. In the basic logic of evolutionary biology, he explained, humans should not be easily enticed into incorporating a substance that could cause serious harm, infection, or chronic disease. The feeling and physiology of disgust therefore protects subjects from illness (Curtis, 2011; Oaten, Stevenson, & Case, 2009; Wicker et al., 2003). However, just as easily as humans can overcome their disgust response to toxins, with say, substances described as "acquired tastes" like cigar smoking or alcohol; so too

can disgust be assigned to seemingly random objects, as in Riley's heightened response to her broccoli.

Disgust cannot therefore be simply trusted as a strong indicator for true danger. Freud noticed this, and argued that disgust could be considered a reaction formation, a learned strategic "opposite" affective response, which aided in the developmentally appropriate repression of infantile sexuality (Freud, 1905/2011). During toilet training, for example, a child must eventually undergo the difficult task of controlling bodily functions, a drastic alteration to their relationship with excrement. Many 8-year-old children would, for example, be horrified to recall the ecstatic pleasure they once found in smearing feces across themselves or a room. Thus for psychoanalysis, pleasure and unpleasure are intimately bound in the unconscious (Freud, 1920/2003). Freud emphasizes this point by denaturalizing an otherwise unremarkable behavior: "a man who will kiss a pretty girl's lips passionately, may perhaps be disgusted at the idea of using her tooth-brush (1905/2011, p. 30). Even with their clear evolutionary functions, feelings of aversion are not always the best indicator of any essential truth.

This is what the late analyst Muriel Dimen (2005) called the "ew factor" in her paper on psychoanalysis, sexuality, and suffering. She noted that when sex arises in the therapeutic clinic, it is often met with ambivalence, encumbered by mixtures of disgust and pleasure. Sex, she mused, is extremely affecting and catching. It overwhelms any placid therapeutic scene in one fell swoop - "I feel it, you feel it" (p. 3). The countertransference that surrounds sexual non-normativity (even if it has been cohered into identity) has therefore historically pushed some clients into specters of otherness, commonly labeled as "the perverse" or "the pervert." [21] Dimen summarizes that

[21]Blechner (2005) stresses that gay men subsequently have a close relationship with disgust, as "most of straight society goes Eew! at the sight or thought of the sexual acts of gay men that we consider pleasurable and downright ordinary" (34). Gay therapists are at an advantage, he contends, as these experiences make it much easier for them to

clinically, "the affects accompanying sex tend to disturb" (p. 3), they inhabit the border materials Julia Kristeva (1982) has famously called the abject. Contradicting the organizing force of desire, abjection threatens a total breakdown in meaning, disintegrating boundaries between self and other, an eruption of the pre-linguistic Real.

Disgust is therefore an important affecting signal that our worst fears (or pleasures) might be encroaching upon bodily boundaries, whether they are truly harmful or not. And further, physical revulsion does not require any innately averting stimulus. In conversation with Dimen's work on the psychoanalytic ew factor, Mark Bletcher (2017) notes that "culture can arbitrarily associate things and people with disgust, and this possibility can have dangerous outcomes" (p. 105). I would add, however, that these associations to depravity are anything but arbitrary. When Freud argued that disgust was a reaction formation, he also demonstrated that this affect is not randomly dispensed, but rather has been authorized as a way to maintain psychic autonomy. These delineations are not reserved only for physical survival – they often unconsciously perform the neurosis of cultural ideologies. For example, in the same work that Darwin (1872/2009) argued for disgust's evolutionary function, he wrote: "In Tierra del Fuego a native touched with his fingers some cold preserved meat which I was eating at our bivouac and plainly showed utter disgust at its softness; whilst I felt utter disgust at my food being touched by a naked savage, though his hands did not appear dirty" (106). Darwin's account signals that disgust's boundary projects cannot be universalized, but rather reflect particular norms that are also based, in this instance, in power relations of patriarchy, imperialism, colonialism and racism. But what are the psychological

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mentalize disgust than their straight counterparts. I would argue that this deduction could be extended to all subjects who have been, in various ways been associated with the abject.

causes for some bodies or behaviors, and people grouped under those bodies and behaviors, to be considered disgusting or perverse? And further, how are those associations linked to sex?

Transgender people are class of subjects who almost unanimously are, or have been, equated with repellant sexuality. From transsexuality's quiet scientific christening in the early 1900s as a differentiation from transvestism (Stryker & Whittle, 2006), to current increased visibility, assumptions about trans people's inherent degeneracy have been systemically established in culture, science, and historical record. From this taxonomical foundation, although as much a symptom of perversion's vast etymology as antiquated notions of sexual morality, the figure of the ghastly "transsexual pervert" continues to be subtly reinforced in most mainstream systems of trans legitimization. This fantasmatic conjuring therefore has profound material impacts, affecting access to public space, transition-related resources, and legal recognition. The spontaneous feelings of disgust associated with transgender people appear in the Western imaginary, perhaps most clearly, with the moral panics surrounding bathrooms. Here, the psychic boundaries commissioned by this affect take on unambiguous material characteristics.

As most people are well aware, American bathroom bills delineate access to public sex-segregated spaces, based on some agreed-upon assessment of an individual's gender, whether it be the sex they were assigned at birth, what is inscribed on their government-issue identification, or their own agentic gender identity. In more conservative American states, transgender people have been denied access to toilets different from their birth assigned sex. These new bills act out a defensive reaction to change and expose "social anxieties triggered by the threat of various marginalized groups entering into normativity society" (Sanders & Stryker, 2016, p.781). In other words, a rise in visibility of social difference must be matched with a paralleled moral panic surrounding encroaching social degeneracy. And in this case, the primary way that phobic

discourse has been deployed is through spreading disgust, as well as fear regarding children's vulnerability in the face of such aberrance.

Arguments for bathroom bills pivot upon transmisogynistic (Serano, 2007) association of transgender women with abject sexual deviation, such as pedophilia and rape – particularly in relation to the assault of cisgender women and children. These unfounded accusations saturate conservative responses to transgender visibility, but can also be found in societal ideology at large. During "On Point," a Canadian national call in radio show, one man described the experience of seeing a transgender woman using a change-room, stating that the (cis)women therein were "…just petrified, all ages, this big hairy guy walking around as if he had every right to do so" (Mochama, 2016). In 2014, Senator Don Plett, a former Conservative Party of Canada publicly exclaimed: "whose rights do we trump by giving someone else rights?…for a biological male, especially adult male, to walk into a change room where she meets my five-or six-year-old granddaughter, and my granddaughter says…I don't want her to be in there with a biological male" (L. Stone, 2014). Beyond a rudimentary undermining of trans people's gender identity, these ideological discourses make use of what Lee Edelman (2004) has called "the figure of the child," where real children stand in for the threatened values of the neoliberal American state. These tactics aim to strategically provoke particular emotional reactions – such as fear or disgust – to solder ethical outrage to transgender bodies who appear in regulated public spaces.

Susan Miller (2004) speculates that disgust functions as a gatekeeper emotion, helping to separate the "good" from the "bad." Heightened reactions to transgender people in bathrooms are often activated and vindicated by disgust and moral outrage, turning into physical violence against those subjects deemed as "bad." Even androgynous presenting cisgender people may face violence if they have the misfortune of being perceived to be transgender in a lavatory space (Oh, 2016). In

the ethnographic study *Queering Bathrooms*, Sheila Cavanagh (2010) found many cisgender ("good") women performed disgust as a way to separate themselves from gender non-normativity, and further, to justify their intensified transphobic enactments. In fact, transgender women reported being screamed at and physically attacked in bathrooms at a frequency that far outweighs any cisgender women's fantasized danger. Similar discursive equivalences are also used to retaliate against attempts to instigate trans-affirmative bathroom legislature. For example, in opposition to such laws one right-wing radio ad characterized transgender women as "filthy, disgusting, and unsafe" (Pakman, 2015), consolidating the standardized metonymic movement from gender non-conformance → disgust → danger. Gatekeeper emotions can be therefore used both in single moments as well as discursively, to simultaneously construct the specter of the transsexual pervert and then to uphold panicked manipulation of segregated space.

These boundary projects are thus both emotional and tangible, as socially bolstered affects like disgust function as a mirror for structural discrimination. There is a doubly contagious nature to these feelings, as they are both based in sexuality ("I feel it, you feel it") and in a cultural moral panic. The current hysteria surrounding gendered bathrooms is a clear illustration of the ways that transgender people continue to be easily re-associated with sexual degeneracy in the West. Although the past ten years have undoubtedly seen substantial changes to both medicalization and mainstream narratives, early clinical ascriptions of perversion have left a palatable residue. If it is simple enough for a conservative politician to provoke fear using garish caricatures of depraved transsexuals attacking children in bathrooms, these images must rest dormant in the culture's unconscious, simply waiting to be harnessed. By looking closely at perversion's various emergent definitions, and their enmeshments with transsexuality in the early creation diagnostic taxonomies, we may begin to better understand the genealogical origins of this connection.

Contradictions in Transvestic Beginnings

In *Three Essays on the Theory of Sexuality*, Freud (1905/2011) famously hypothesized that every subject is born with unregulated libidinal drives that, through a process of somewhat linear development, traverse different erogenous zones. From the time of infancy until about the age of five – as the oral, anal, and phallic stages are being negotiated – children have unfocused pleasure and experience gratification from all parts of the body. This universal natal experience of what he called "polymorphous perversity" is a multifarious uncontained enjoyment, taking place when the child is not yet indentured to social norms including reproductive genital sex acts. Further, the baby is undifferentiated from its caregiver, and consequently derives symbiotic pleasures from unremarkable everyday acts, such as being cuddled, breast-feeding, or defecating. Freud considered these early libidinal experiences to be non-pathological and passed no moral judgment upon them, but also argued that through a normal developmental repression, they would be lost to the subject's conscious mind.

Despite his arguments for the psychosexual stages' heterosexual conclusion, in 1905 Freud's assertions were considered scandalous in their simple unveiling of early childhood sexuality. Discussions of sex were taboo for the Victorian bourgeoisie, let alone the proposition of innately perverse infants who derived pleasure from their own and their mother's bodies. Adding fuel to the ethical indignity, Freud was provocatively contending that *all* subjects have begun from a place of polymorphous perversion and additionally, that aspects of these sordid beginnings might remain well past childhood. His more radical assertions on sexuality in the *Three Essays* are therefore often countered with the softening qualities of normalization. He often stressed, particularly in the final essay for example, that if all went well these drives would eventually find their permanent expression in reproductive genital sex acts.

Yet Freud also seemed to reserve some candid skepticism towards his own claims to normative developmental rigidity. In the *Three Essays* his postulations oscillate between advocacy for coherent heterosexual aspirations, while simultaneously accentuating the subject's underlying bisexuality and the commonality of sexual irregularities. Freud (1905/2011) wrote memorably that "no healthy person…can fail to make some addition that might be called perverse to the normal sexual aim," and further that "the universality of this finding is in itself enough to show how inappropriate it is to use the word perversion as a term of reproach" (p. 39). Yet in contradiction, despite being the first to question the existence of a "normal" sexuality, he also codified perversion in adulthood, defining it with two fixed criteria. First, he contended that the perverse sexual activity in question somehow *extends* beyond regions of the body designated for sexual union (heterosexual penile/vaginal sex); and second, that those perverse sex acts *linger* over sexual objects that should be normally passed by quickly on the route towards a final sexual aim (1905/2011, p. 28).

Along with the ambivalences that Freud held towards conceptions of sexual normalcy and deviance, a close reading uncovers an odd contradiction maintained between the pervert as, on one hand, liberated from strict developmental trajectories and on the other, stuck in a difficult developmental arrest. This conflict is imbedded within the fabric of Freud's early definitions themselves. Perverts linger – they are unconsciously fixed and waiting, repeating a primary unmetabolized experience without conscious knowledge. Yet they are also extending, unbound and polymorphous, as they remain within an otherwise long ago abandoned pre-Oedipal fusion. This regressed stuckness could also therefore paradoxically be considered a type of freedom. There are, accordingly, disadvantageous and immature aspects of a perverse condition but too, something quite desirable in its fantastic return to some universally abandoned unrestricted pleasure.

Elisabeth Roudinesco (2009) traces this same positive and negative image of perversion's ambitions in her book *Our Dark Side: A History of Perversion*. Throughout this chronological project, she follows perversion's conduits through medieval Christianity, baroque individualism, the Enlightenment, Auschwitz, and in what she calls "our" contemporary "perverse society."[22] At each historical crossing, we encounter a portrayal of sexual deviance that could be somehow characterized as contradictory. Perversion is often considered to be simultaneously sublime and abject, dirty and full of light, to be wallowing its own filth while seeking exaltation and self-transcendence. Arguing that perverse sexuality is generally constructed as the highest form of unencumbered redemption, or a complete "annihilation, dehumanization, hatred, destruction, domination, cruelty and jouissance" (p. 4), Roudinesco asserts that perverts inhabit a sort of half-mad, half-moral state. They have the psyche of a lucid madman, one that exists in a borderline space[23] unsteadily balancing between enlightenment and unravelling. What is perhaps most terrifying, and also excitingly desirable about perversion then, is the simultaneous fear of, and wish that, any "ordinary" subject could easily slip into the depths of its depravity.

Sexual deviation is thus cast tenuously between two opposing categories in many other contemporary psychoanalytic and socio-political frameworks. Lisa Downing (2006) explains that the pervert is either understood to be a transgressive, creative rebel who disavows castration; or an ultra-conservative and rigid subject who is stuck in a degenerated state. She elucidates that "these mutually contradictory perceptions say more about cultural fears, projection, and desires" (p. 154) than any patient's sexuality or pathology. Dany Nobus (2006) investigates these same curiously

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[22] Roudinesco's "our" is one that emerges from a European imperial context and history.

[23] This idea of the "borderline" also arises within psychoanalytic theories of perversion. In Lacanian theory (although he does not ally himself with any classification of "borderline"), the perverse structure is found "between" the neurotic and the psychotic. The borderline additionally calls up Julia Kristeva's image of the abject. It is that which breaks apart boundaries and ex-ists in an ambiguous opposition between inside and outside, straying, sublime, and disavowing the law.

loose, culturally determined boundaries when asking rhetorically, "what marks the difference between a happy, healthy, male 'normophiliac' and perhaps equally happy, yet distinct unhealthy female 'paraphiliac?'" (p. 4). For contemporary psychoanalysis and psychotherapy, non-normative sex acts are often only accepted as psychologically "healthy" when they are seized within other fields of normalization. Although liberal society has arguably made ample space for sex acts once considered to be outlandish deviations, an obvious example being the popularity of Fifty Shades of Grey, they must still follow particular rules of engagement. For example, they must be "mutually enjoyed *within the contours of emotionally intimate relationships*" or within "matrimony's normalizing confines…sanitized with the right amount of concern for the object" (Saketopoulou, 2014b, p. 10; emphasis in original). Thus, in many distinct fields, the pervert continues to rest unsteadily between mental illness and sexual freedom, between desirable subversion and carnal repugnance.

In both psychiatry and psychoanalytic theory these same contradictory meanings associated with the pervert have also been applied to transgender people. Freud's (1905/2011) early assertion that we all begin from a place of polymorphous perversity, and his radical acknowledgement of benign sexual variation, was largely overshadowed through moralizing interpretation of his texts. With the influence of other determinist sexologists, like Richard von Krafft-Ebing who aimed to document all sexual difference as pathology, psychoanalysts began to establish disparaging theories of perversion that subsumed gender variance as a symptom of sexual non-normativity (defined as difference in object and aim). The result has been a curious history of transgender people moving in and out of association with sexual transgression. Much like perversion, gender variance has been contradictorily defined in relation to sexuality. As the following will evidence, at historical moments transgender people were legitimized (believed to

exist) through association with sexual degeneracy and at others, they have been undermined through the very same proximity. And even more noteworthy, this early equivalence has ultimately meant that efforts to depathologize transgender people hinged upon a structurally enforced desexualization of pre-surgical subjects.

This history is especially prevalent given that sexual perversion, trans subjectivity, and sexual identity have habitually been conflated. Some common illustrations are the misconception that sexual orientation and gender identity is the same thing (i.e. trans people are really just gay); or in the idea that perverse sexual excitement and non-normative gender identity correlate (i.e. trans people are transvestitic bathroom perverts). These everyday conflations faithfully echo substrative moments of taxonomical undifferentiation in the field of psychiatry and sexology. Because of the dominance of Foucaultian analysis, most sexuality scholars are well aware that taken-for-granted understandings of gender, sexuality, and sex acts have been meticulously developed and refined since the 20th century (Katz, 2007). As these discourses were cultivated and codified, significant moments existed where their meanings were much more precarious and uncertain.

One particularly abundant textual example of this early lack of sexual demarcations can be found in Freud's popular later works, *Civilization and its Discontents*. In chapter IV, peripherally in a lengthy footnote, he (1930/2002) writes:

> Man too is an animal with an unequivocally bisexual disposition. The individual represents a fusion with two symmetrical halves; one of these…is purely male, the other female. It is equally possible that half was originally hermaphrodite. Sexuality is a biological fact that is immensely important in out psychical life, but it is hard to comprehend psychologically. We are in the habit of saying that every human being exhibits both male and female impulses, needs and properties, but while anatomy can distinguish between male and female psychology cannot…we do not hesitate to equate active with 'male' and passive with 'female' but these equations are by no means universally confirmed…. (pp. 42-43)

In this excerpt, modern conceptions of intersex, biology, gender, sexuality, and normative sex acts intermingle as Freud begins to parse out problems of dualism and sexual difference – a project still underway today. For Freud, "bisexual" does not solely imply sexual object choice as it would today, for example, but rather anatomical and psychological sexual differences that are essentially hermaphroditic (1930/2002). The *Three Essays* investigates these biological stipulations in further detail, but suffice it to say that "inversion" (perverse same-sex object choice, aka homosexuality) was being studied in direct correlation with physical (gender variant identities, aka transgender) and corporeal (biological hermaphroditic sex, aka intersex) differences. Reading Freud today, his paragraph makes clear that although modern conceptions of gender had not yet been advanced or even named, Freud began to recognize that expressions of masculinity and femininity were somehow independent of autonomy and could not simply be universalized.

Early clinical psychoanalytic writing did not have any clear conception for what we now call transgender identity. These categorizations of gendered selfhood could only emerge through a particular confluence of institutional and social factors, including the creation of the very notion of gender identity as different from biological sex (Stoller, 1964). Psychoanalysts following Freud worked under a model where both gender variance and non-heterosexual desire were classified as perversions, and they were therefore considered fundamentally related. For example homosexuality, fetishism, and transvestism were all classified as sexual deviations in the taxonomy of the first version of the DSM (APA, 1952), a time when psychoanalysis and psychiatry were less clearly demarcated. The assumed correspondence of gender and sexual non-normativity was also reflected in the few psychoanalytic articles in the mid-twentieth century that explicitly addressed gender variance outside of strict homosexual classification. These original endeavors to parse out

what may be different about expressions of gender incongruence focused primarily upon the diagnostic category of *transvestism*.

In 1930, Otto Fenichel wrote an influential article for the *International Journal of Psycho-Analysis*, titled "The Psychology of Transvestism," from which most subsequent psychoanalytic thinking on gender variance emerged. This research was the first of its kind in English, and while it worked to identify the specificities and etymology of transvestic symptoms, Fenichel retained its close proximity to all other perversions. For example, he begins the paper by clarifying that, "All authors who have dealt with the subject of transvestism are agreed that the mysterious behaviour of the victims of this perversion has points of contact with various other perverse practices" (p. 211). He further surmised that this kinship between the perversions was useful in elucidating its etiology and development. Borrowing from Hirschfeld's (1910) delineations of transvestism as an idiosyncratic perversion, Fenichel undertook the complementary task of revealing its psychological roots. For the male transvestite it seemed, unlike other perverts, had the distinctive quality of actually wanting to be a woman.[24]

Fenichel uniquely argued that the transvestite followed the formula of *both* the homosexual and the fetishist, with the distinctive addition of another component. Like the homosexual, the transvestite takes on the passive masochistic female position, dealing with their castration anxiety through identification with the mother. But also like the fetishists, there is an overvaluation of a particular object (female garments, for example), as a way to disavow the mother's anxiety-

[24] Even more rare than writing about transvestism in the early to mid-twentieth century, was writing about "female transvestism," or what we would now call transgender men/masculinity. The concluding sentence of Fenichel's (1930) case study reads: "Female fetichists are extremely rare, and female transvestists seem to be simply women who covet the penis and, out of desire to possess it, have identified themselves with men" (p. 226). I would argue that this, perhaps ironically fortunate recurring oversight was a result of sexism (women's lived experiences were overarching ignored, and trans men would be classified as women) and psychoanalytic theories of perversion which only accounted for those born with a penis. To experience castration anxiety surrounding the mother's lack of a penis and subsequent disavowal, the fetishist must have a penis themselves (Freud, 1927/2006).

provoking lack of a penis. Thus for the transvestite, there is a belief in the phallic nature of women and a complimentary identification with her. In addition to these two qualities, however, the key distinguishing feature is that the woman with whom the transvestite unconsciously identifies, is a phallic woman. In this way, *sexualized feelings* becoming another chief component of Fenichel's definition of transvestism. Consequently, as other psychoanalysts built upon his theoretical foundation, so too was transvestism and masturbatory relief coalesced.

Although much less was written about transvestism, especially in comparison to fetishism and homosexuality, some analysts like Eugen J. Hárnik (1932) followed and expanded upon Fenichel's transvestic proposals focusing further on the etiologies of cross-gender dressing in "primitive" coverings of the prepuce of the penis. Others, such as Kronengold and Sterba (1936), confirmed his suppositions about transvestism while also countering them, arguing that this masochistic fetishism could not be restricted only to this one type of perversion. Many early case studies extensively document gender variant patient's dreams, symptoms, and personal struggles (Bak, 1953; Barahal, 1953; Grotjahn, 1948; Karpman, 1947; Kronengold & Sterba, 1936; Lewis, 1963). Drawing from, and magnifying Fenichel's associations of cross-dressing with sexual feelings, this research emphasized the ways that transvestic wishes and actions were curbed or discharged upon masturbation (Hora, 1953; Karpman, 1947; G. W. Wilson, 1948). In this way, sexual gratification became an essential component of early psychoanalytic theories of cross-gender identifications and fantasies. Hora (1953) argued, for example, that expressions of gender variance were a result of unresolved libidinal tension: "In periods where sexual discharge through masturbation is blocked or incomplete, the phantasy exerts its dynamic pressure and manifests itself in various characterological deviations or open acting-out of transvestitism" (p. 269).

Reading these case studies today, one cannot help but notice patients' resolute claims to gender difference – assertions that fall outside sexual biological essentialism even before such a notion had been conceived. It is of course impossible to get a fully accurate sense of these individuals' lived experience retroactively, especially when reading it filtered through an analyst's interpretive lens. However occasionally the patient's own description is cited without modification, such as with Sterba's "Case S.," "a man of thirty, in the employ of a bank, who came to analysis because of a feeling of general embarrassment...intimately connected with his sexual secret: he was 'both sexes'" (Kronengold & Sterba, 1936, p. 63) or Karpman's (1947) patient whose "psychic conflict is chiefly represented by periods of what he calls 'feeling opposite,' by which he means feeling like a woman" (294). The sense of being "opposite" or "both" is also normalized by patients like Grotjahn's (1948) who "did not consider his perversion a psychiatric problem, and wanted only advice on how to keep working without 'breaking down' and 'getting into trouble'…he did not wish to be cured of his perversion, but only to be advised about safe-guards against its potential consequences" (pp. 340-341).

As Bak (1953) succinctly articulated then, during the mid 20th century, there was a budding perverse clinical "triad – fetishism, transvestitism, homosexuality – represent[ing] different phases of the compromise between the simultaneous identification with the mother" (p. 286). This triad also existed within a hierarchy of severity, with transvestism located at the far end of the most regressed and delusionally attached. These condemning theories of transvestism began to shift dramatically in psychoanalytic writing after Stoller's (1964) introduction of the term "gender identity" at the 23rd annual International Psycho-Analytical Congress in Stockholm, a presentation that was published a year later. In "A Contribution to the Study of Gender Identity," Stoller begins with a simple yet monumental assertion: "Gender identity is the sense of knowing to which sex

one belongs, that is, the awareness 'I am a male' or 'I am a female'" (p. 220). Throughout this presentation and his later works, Stoller proposed that the various terms that had thus far been used to explain variations in sex were inadequate, or unclear in their confluence with other phenomenon.

By advancing terminology that emphasized each subject's personal self-image in relation to their felt sense of being a man or a woman, Stoller opened an entirely new theoretical space, and one that has had significant and complex implications. This theoretical space initiated the classification of transsexuality with an opposite sexual symptomatology – that is, as asexual and mentally ill rather than as hypersexual and perverse. Stoller's 1964 paper proposed three factors that determined a person's gender identity. The first, following Freud, was the physical anatomy of the eternal genitals; second, the attitude of the parents towards the child's gender; and lastly, and most importantly for Stoller's purposes in 1964, the unconscious energy of a biological congenital force. Interestingly, bearing in mind that later scholars of the term "gender identity" highlight the social, this paper underscored that children develop a *biologically*-based core gender identity before the age of three (pre-Oedipally) that cannot be altered. This notion of "core gender identity" attempted to explicate the occurrence of those individuals for whom external genitals and social gender obligations did not align, who held an unwavering felt sense of being a gender "opposite" from what they were assigned at birth. With the legitimizing force of biology, Stoller attempts to advance the novel opinion that this gendered experience was not inherently sexualized, nor was it a pathology.

Stoller's paper provided two case studies to illustrate his claims – one of a young person assigned female (born with a vagina and raised as a girl) who carried a male core gender identity, and the other a woman who had the misfortune of being born with a penis and testes (the infamous Agnes, discussed earlier). In both these cases, Stoller emphasizes the importance of the subject's

exemplary performances of their core gender identity, contrasting the more pathological caricatured garishness of failed gender presentation in the homosexual or transvestite, “the calm, sure masculinity of this child shows itself in glaring contrast to the 'butch'” (p. 224). The ability to pass as appropriately feminine or masculine has remained a cornerstone assessment for true transsexuality, separate from transvestism or homosexuality. This unrealistic diagnostic criterion of adequate cisgender “passing” is a benchmark that transgender people, like Agnes, have historically either wielded strategically or confronted as a barrier to treatment.

Stoller’s paper therefore joined an emerging movement of physicians and sexologists who, in different ways, aimed to separate gender non-conformance from the perversions. He asserted, in contradiction to previous scholarship, that his patients “were not primarily interested in obtaining sexual gratification, nor did they come for treatment because of inability to obtain it. They wanted help because of their impelling desire to be granted the right to belong to the sex they felt was theirs” (p. 221). A split therefore began to form between transvestism and what was soon to be commonly known as transsexualism, and this split revolved around sexual desire. This divide was further solidified for a Western audience, with the popularization of the term transsexual in Harry Benjamin’s (1966) influential book, *The Transsexual Phenomenon*. Very clearly in opposition to the pathologizing tenants laid down by most psychoanalysts, Benjamin argued against the idea that transsexuality was a result of unhappy childhoods, libidinal excess, and too-close mothers. Rather, following Kinsey’s sexological standards, Benjamin described gender variance through genetics, and in measured amounts with his finely delineated “Sex Orientation Scale.” This precise scale charted the severity of gender disorder from “I. Transvestite (Pseudo)” all the way through “VI. Transsexual (High intensity)” (p.19).

Although asserting that cross-dressing was not always tied to sexual deviation or perversion, *The Transsexual Phenomenon* imagined a type of "true" transsexuality (which could now be set in clear opposition to transvestism) based upon a selection of precise criteria that included "gender feeling, dressing habits, sexual object choice, relationship to genitals, and need for psychotherapy" (p. 19). These dramatic classificatory shifts, although actively challenging a model of pathologization, reaffixed trans identities within a new hierarchy of intensity, perversion, and illness. Therefore both Stoller and Benjamin were attempting, albeit in different ways, to redefine gender variance in a way that more accurately reflected their patient's manifold experiences. Much like early responses to Freud's polymorphous perversity, the clinical psychoanalytic writing that follows does not pursue the same goal and many outright challenged Stoller's claims, reconsolidating transsexuality to sexual perversion.

In "The Evolution of Gender Identity" for example, Gershman (1968) argues against a focus on biology, underscoring that the sexual perversions must be a result of early gendered trauma, the severity of which determining an outcome in the revived triad of homosexuality (least severe), transvestism, or transsexuality (most severe). Early mother-infant interactions is the focal point of disturbance, and a lack of separateness and individuation from the mother the chief cause of illness (Greenson, 1968). This recurring story of a too-close incestuous mother and absent or castrated father is dependably rewritten by psychoanalysts in regards to perversion, although with different interpretations of the results. Even Stoller (1968a), in his inducement for a theory of core gender identity, provides one succinct summary of the tale:

> A chronically depressed, bisexual woman, who considers herself without value, marries a distant and passive man. If she gives birth to a beautiful son, she has in her arms the cure to her lifelong hopelessness. Without her husband present either to interfere or to serve as a model for the boy's masculinity, she holds her perfect child in an endless embrace. As a result the child does not adequately learn where his own body ends and hers begins, at least in regard to a sense of maleness and femaleness.

(p. 215)

In 1970, Socardise argues that Stoller's claims of biological force is "a variation on the misunderstanding that greeted Freud's bisexuality" (1970, p. 341) and that sexual perverts symptomatically deal with their anxiety from pre-Oedipal fixation in transsexualism: "there is a desire for and dread of merging with the mother in order to reinstate the primitive mother-child unity" (1970, 347). Gershman (1970) also asserts that gender identity flaws develop in this period, and that on the spectrum of gender identity disturbance, transsexuality is the most serious disorder. Whereas the homosexual was a "crippled male [who] does not want to part with his beloved penis" (p. 60) and the transvestite a man (core gender identity) who was erotically preoccupied with women's clothing, the transsexual has succeeded the least in individuation from the mother. Thus the degree of separateness from the female caregiver would determine the symptom formation, and transvestism continued to remain distinct from transsexuality, primarily through the qualifiers of gender identity and eroticization.

Ovesey and Person (1973) argue that if gender identity clearly imparts upon the child, there should be no disturbances in identification. However, parental ambiguity on the child's gender role could lead to symbolic fusion and transsexuality. They contend, in direct contradiction to Stoller, that the transsexual has an *uncertain* core gender identity, arising from early familial conflict and gender trauma. Stoller (1968a) continued to maintain that transsexuality was non-pathological despite encountering some significant drawbacks, including the discovery that Agnes had been lying about taking feminizing hormones for most of her life. In his paper "The Male Transsexual as 'Experiment,'" (Stoller, 1973) he further develops his concept of core gender identity, which, he argues was formed non-conflictually by the age of three, was fixed throughout life, and could be in opposition to the sex assigned at birth. He agrees that a symbiotic relationship with the mother

was one key causational element in transsexuality, but discern that conflict and defense resulted in perversions like transvestism, which were an entirely separate affair.

Psychoanalytic case studies from the early 1900s, like Fenichel's "The Psychology of Transvestism," are some of the first to attempt categorization of gender variance as a unique psychical phenomenon. However, given that the foundation of this gender theory was built upon principles of clinical perversion, a strong discursive link was formed between the two taxonomies – and in particular through the sexualization of transvestism. The emergence of Stoller's coinage of "gender identity" and his subsequent thinking aimed to separate transsexualism from transvestism, initiating a divide between perverse sexualized trans subjects and the more socially acceptable a-sexual trans subjects. This moment of categorical differentiation laid the groundwork for debates that continue to this day regarding transsexual pathology, transvestism, and the possibilities for trans people's sexual expression.

Perverse Legacies

Despite some progressive theoretical openings regarding bisexuality, perversion, and gender identity, the majority of succeeding mainstream psychoanalytic thinking has continued to unequivocally construct the transgender subject as not only perverse, but as delusional and seriously mentally ill. This disordering of transgender subjectivity has persisted throughout the 20th and 21st centuries, into more contemporary psychoanalytic scholarship. Most infamously, French Lacanian Catherine Millot's (1991) book *Horsexe* (roughly translated to *Outside Sex*) controversially argues that transwomen psychotically identify with the inaccessible feminine. This pathological identification is based upon a dysfunctional wish to eliminate reality and a fantasmatic belief in incontestable monolithic sexuality. In this light, all requests for gender affirming surgeries are interpreted by the clinician as impossible demands to completely escape sexual difference. Following similar logic, Colette Chiland (2005) has also written extensively about trans people's

malady, and although not equating gender variance to perversion or psychosis outright, she describes trans pathology as a "borderline state and a encapsulated delusion" (p. 23).

In a manner that reproduces earlier psychiatric discourses of the pervert, transgender people have additionally continued to be constructed as obstinate and fanatical therapeutic patients. It is traditionally considered rare for a true pervert or true transsexual to seek out psychotherapy, because by definition, perverts use certainty to shut down their desire (Ambrosio, 2009; Chiland, 2000; Millot, 1991; Swales, 2012). Unlike neurotics, by definition, they are happy with their symptoms and do not want them altered. In 1970, Gershman reasoned that "therapy of the perversions has always been difficult. Generally it has been attributed to the fact that the perverse symptom is ego-syntonic and pleasurable" (p. 64). Thirty-five years later, some contemporary writing still closely emulates these assertions. For example, psychoanalysts explain the continued absence of trans subjects in the clinic by speculating that these patients only seek therapy with alternate motives and have no real interest in the therapy itself (Chiland, 2005). In this view, transgender people do not have any openness to talking, but rather an inflexible enjoyment of their gender identity and obsession with acquiring surgical transition.

Furthermore, even contemporary theories of perversion that do not contain any explicit reference to transgender subjects work to repetitively associate gender variance with sexual deviance. In *Creativity and Perversion,* Janine Chasseguet-Smirgel (1996) theorizes that perverse subjects are, by definition, intent upon fusion and the destruction of sexual difference with a tendency towards anal regression and narcissism. Contending that the foundation of reality is a differentiation between the sexes, the pervert creates chaos through fecal regression and permanent merging with the mother, expediting gender sameness. Despite his attentiveness to the depathologization of trans identity, Stoller (1975) also correlated sexual deviance and gender

variance in his book *Perversion: The Erotic Form of Hatred.* He asserts that perversions materialize when core gender identity has been threatened, as the subject attempts to triumph over this old trauma through destructive and cruel sexual acts. In one more recent book on perversion, *The Triumphant Victim,* psychoanalyst John Miller (2013) also characterizes sadomasochism in relation to gender difference. Again, the symptomatology of perversion is traced back to an overly dependent or too attached child-mother dyad, as well as "zonal confusion," which he defines as an inability to differentiate between the physical genitals.

Psychoanalytic theory thus has a lengthy and conflicted relationship to transgender subjects – one which habitually laboured to affix madness and sexual degeneracy to any gender variance. Given the condemning nature of psychoanalytic conflations between perversion and trans subjectivity, it makes sense that scholars and clinicians who aim to depathologize gender variance would strategically attempt to unambiguously separate the two categories. As previously noted, Stoller's (1968) development of core gender identity and Benjamin's (1966) "Sex Orientation Scale" were two early efforts. More recently, the momentous change to the latest version of the DSM (APA, 2013a), has physically moved the diagnosable disorder "Gender Dysphoria" away from its proximity to the paraphilias (the new diagnostic term for perversion) in the manual, undermining this connection in mainstream psychiatry. Yet in other ways the manual's association between gendered disorder and perversion persist. Ray Blanchard's controversial advocacy for the inclusion of "Transvestic Disorder" and "Autogynephilia" in the DSM-V, for example, continues to authorize links between gender non-normativity and certain types of sexual perversion (Lev, 2013; Moser, 2010).

The history of interrelationships between perversion and transsexuality can make it difficult for theorists and clinicians to feel comfortable addressing any matters of transgender

identity and sexuality. Following Stoller or Benjamin, those who are invested in challenging sexual pathologization may address their discomfort surrounding these categories by trying to keep gendered and sexual categories split far apart. This splitting is also apparent in the substantial lack of research and writing on topics relating to trans people's sexuality. For example in the recent anthology *Sexualities: Contemporary Psychoanalytic Perspectives,* the editors announce: "in this book we have not included a chapter about transsexuality. This is because transsexuality, in our view, is often unhelpfully conflated with problems of sexual orientation or desire" (Lemma & Lynch, 2014, p. 9). Although their omission is based in reflexivity and a challenge to historical inaccuracies, transgender people's sexuality is still in need of substantiated theoretical consideration. This trans/sexual scholarship might critically analyze legacies of reductionism and pathologization while also contributing to the creation of new discursive knowledges surrounding transgender people's sexual agency and desire. Trans identity's association with sexual perversion, both in popular culture and in the clinic, has therefore resulted in a paradoxical lack of sustained engagement in trans people's sexuality. This lack of engagement has also been consolidated through systems of medical legitimization that enforce the diagnostic a-sexualization of pre-surgical and pre-hormonal transgender people.

In North America through the mid 1960s onward, classifications of gender difference aimed to measure the legitimacy of claims to transgender subjectivity and subsequently assess which trans people should have access to gender affirming surgeries and hormones (and who should not). When the DSM-III (APA, 1980) created the first diagnostic criteria for "Gender Identity Disorder" in the 1980s, a more formal medical separation of gender variance from transvestitic perversions was initiated, echoing the psychoanalytic writings that had first created these delineations. Around this time, Ray Blanchard (1985) also launched his controversial

typology of transsexualism, which divided transgender women into two groups: those who sought out surgery and eventual heterosexual coupling (real transsexuals); and those who were sexually aroused by the thought of themselves as a woman (transvestites).

Many new diagnostic criteria were proposed and developed in an attempt to more clearly separate a disorder of gender identity from a disorder of sexual desire (although they could be comorbid) for physicians. There have been consequences to these sequential elaborations and modifications. One is that the new distinct typologies reinforced the notion that transgender people's experience of sexual desire or the enjoyment of their pre-surgical body was a strong indication of paraphilia, rather than a gender identity disorder. If a trans person happened to experience sexual arousal when dressing in clothes of the "opposite sex," for example, they risked being labelled a transvestite. Diagnostic criteria for legitimate transsexualism reinforced the essential features of "finding [natal] genitals repugnant" and a "persistent wish to be rid of one's genitals" (APA, 1980, p. 262). Further, trans people were more likely to be evaluated as good candidates for surgery and hormones if their transition resulted in heterosexual coupling. Pre-transition a-sexuality and a heteronormative trajectory were therefore constituted as benchmark indicators of true transsexuality. As foundational trans scholar Sandy Stone (1992) notes, pre-surgical sexual desire was "the most secret of secret traditions" (p. 161) for trans people, as it could result in total disqualification from medical care.

Trans people have therefore been caught in a taxonomical double bind, where finding sexual pleasure in their natal body would risk the delegitimization of their identity claims, and finding sexual pleasure in their trans-gender thoughts, fantasies, or aspirations jeopardized access to important state-controlled transition resources. The policing of appropriate trans narratives, including sexual scripts, has indeed unfortunately resulted in trans people seeking therapy for

strategic purposes, as documented in Chiland's (2005) frustrated claims to transgender people's real lack of interest in the therapeutic process. Under these circumstances, where the magnitude of loss includes the negation of gendered subjectivity and denial of access to basic transition-related health care, one can imagine why transgender people might struggle to make authentic personal use of the therapeutic process.

Highlighting these restrictions to trans/sexual narratives should not ossify or refute any additional normalizing claims to sexual corporeal experience. Some trans people do, of course, feel discomfort and distress with their natal genitals, a lack of sexual interest, or a post-surgical desire for heterosexual sex. Yet despite best psychiatric efforts, any attempt to situate transgender sexual-corporal experience into distinct categories will inevitably fail. The complexity and idiosyncraticity of any subject's psychical/corporeal experiences cannot be pared down to one line of diagnostic criteria. These stilted articulations have not only restricted the psychiatric community's knowledge surrounding trans lives, but further, have had weighty implications for trans people's sense of self-worth and sexual expression.

In order to acquire more useful and representative knowledge, many scholars have turned away from the clinic to published autobiographies, literature, art, or blogs where trans people describe their lived experience first-hand. Queer and feminist pornography, or narrative/experimental film that contains explicit scenes of marginalized sexuality, has been one prolific area of resistance and subcultural production. These community-centered mediums reimagine the dominant cultural landscape, providing an accessible venue for politicized expressions of queer and trans sexuality. Transgender artist Skyler Brandon Fox's (2015) short pornographic release, *Hello Titty!*, is such a work. The film, which is "dedicated to every trans guy out there who loves or has loved his tits," is genre hybrid that combines autobiographical transition

narrative with unorthodox sexual fantasy and explicit hardcore porn. Fox's personal, carnal vision reformulates queer and transgender methods of mourning the pre-surgical (Saketopoulou, 2014a) body through sexual expression. Through video art, trans people can re-narrate surgical scripts and showcase disavowed aspects of trans/sexuality, making innovative use of sexual perversion. Clinically, it is essential for therapists to be attentive to these community-based depictions, to garner a wider breadth of familiarity with forms of sexual expression that have otherwise been methodically suppressed.

Hello Titty!

"It took several years for me to figure out if I really wanted to have top surgery.[25] One of the most important things I learned during the process was that my tits, for better or for worse, are a part of me, and they always will be in one way or another. Even after they're gone, their memory will remain. In order to physically let them go, I needed closure. This film is how I chose to say goodbye." Fox's personal, elucidatory preface sets an uncharacteristic stage for the beginning of a pornographic film. Both sentimental and documentarian, his words lead us into the opening scene. An impatient gaggle of queer character tropes stand lined up outside of a somewhat dishevelled trailer, impatiently waiting under a banner that reads "Last Chance Tit Show." Inside a baby-blue trailer with a bright yellow door, Fox (alias "Tit Star Show Boy") awaits his audience. Standing in front of a full-length mirror, he gazes seductively at his vintage ruffled-tuxedo shirt, stroking the front of his body, taking delight in his own pre-surgical image. Outside, the femme Bossy Lady, introverted Shy Guy, flamboyant Sexy Butler-ess, Puppy, and Horny Queers have all anticipatorily gathered for one last, special titty show before their upcoming removal.

[25] A common transgender surgery for those assigned female at birth, which entails the removal of breast tissue (double mastectomy or keyhole procedure).

Hello Titty! uses pornographic storytelling, borrowing from a raunchy amalgamation of indistinct figures of transsexual perversion in the Berlin queer community, to revise scripts about transgender people's relationship to their sexuality, transition, and sexed body parts. It is not difficult to infer how this piece challenges medicalized diagnosis of trans corporeal distress. If eligibility for surgeries has hinged upon trans people's dissatisfaction with the body, and in particular, an overwhelming anxiety caused by primary and secondary sex characteristics, Fox's unabashed enjoyment of his pre-surgical "tits" is inconceivable. In fact, as any enjoyment has traditionally been used to disqualify surgical applicants (and in some places continues), this expression of desire and pleasure right before surgery is fraught with liability. Through *Hello Titty!*'s use of sexual community and erotic pleasure then, Fox can showcase a non-reductive and evolving relationship between gender identity, desire, and embodiment. He not only centers, but also finds sexual gratification in, an appendage that will eventually be willfully surgically removed or altered.

Fox reinscribes perverse cross-dressing trans/sexual desire with the gender variant body that has been rendered unintelligible in psychiatric nosology. *Hello Titty!* is therefore more of a documented process than any final piece, functioning as a form of artistic mourning, and a shared queer performance of "saying goodbye." As Avgi Saketopoulou (2014a) writes in "Mourning the Body as Bedrock," trans subjects who have experienced misgendering, or a childhood environment without appropriate gender mirroring, experience a massive trauma that must somehow be worked through. She contends that in the therapeutic process, it is essential that parts of trans people's natal bodies, that are a source of suffering, "be known to the patient *so that, when necessary, [they] may eventually be given up*" (p. 782; emphasis in original). The process of coming to better understand one's corporeality through language is an essential step in healing from trauma, a

process as a result of transphobia in psychiatric and psychotherapeutic convention thus far denied to many gender variant people.

Throughout the film, Fox's conjuring of affectionate queered language for his own chest, such "man jugs" and "sweet trans titties," pays homage to their precedence while also making space for encroaching transformation and loss. Similarly, those who refer to his tits do so with the upmost fondness and desire. After getting him to undress, the high-femme Bossy Lady pays close, lustful attention to his chest. "Those are some nice tits you got there…" she breaths "I'll be a little sorry to see them go." These corporeal re-namings punctuate many aspects of the film's mainline, operating as a form of queer/trans bodily knowledge that is crucial for psychical healing, yet often repudiated in mainstream therapeutic accounts. The appreciation for Fox's tits, and his choice of language surrounding them, is a communal undertaking; his top surgery becomes a shared process of coming to know a part of his transgender body that is unwanted, yet nevertheless, loved and lovable.

But beyond language, this queer and trans pornographic mourning also allows for representation of the excess of sexuality (Bersani, 2010) as it overlaps with gender and escapes simple cohesive understandings. In this way, *Hello Titty!* grapples with many aspects of the

contradictory meanings associated with the polymorphous transsexual pervert – those qualities that have been anxiously policed as signs of degeneracy an illness, both profoundly desired and also defensively renounced. Throughout the film, for example, developmental meanings that are assigned to particular sexual appendages become blurred, as does the "achievement" of gender identities and their associated sexual roles.

Unlike normative phallocentric hardcore porn, tits become dominant in all sex acts. In the culminating scene, the Bossy Lady aggressively orders Tit Star Show Boy to penetrate the Shy Guy in the ass with his tit. As she lecherously observes the act with Puppy at her side, she caresses her own large maternal breasts and eventually joins in, inserting them into the Shy Guy's other end. Feeding them, she ultimately ejaculates breast milk across the exposed gender queer backs, faces, and chests, which Puppy greedily laps up, in turn. Fox's work borrows from mainstream pornographic archetypes, such as the controlling femme top, the importance assigned to penetration, and the focalized concluding spectacle of ejaculating pleasure (L. Williams, 1989). However most roles have been overtly queered through camp humour, which characteristically draws upon gender variance or object deviance to illuminate their performativity.

Hello Titty! therefore conveys, and enthusiastically plays with, a diverse assortment of psychoanalytic and psychiatric trans-trepidations: the transvestite getting off on crossdressing, the too-close mother fixation breast-milk scene, regressed role-play, miscellaneous immature part-

objects, and generally just an excess of deviant sex acts. The film disidentifies with the transsexual pervert, not fully embracing its deviant portrayals while nevertheless unashamedly taking part in them. Similar to the pervert's contradictions, a disidentification simultaneously identifies and refutes, it is a familiarity that is also misrecognition (Butler, 1993; Muñoz, 1999). This misrecognition allows for marginalized people to playfully situate themselves within a trope while also refusing the, often harmful, ideologies that have been thrust upon them. Queer and feminist pornography like *Hello Titty!* can caricature and scramble dominant prescriptions, aspiring to reveal and challenge the cliché while also allowing for authentic enjoyment of it.

This chapter began in the library, with a question of LGBTQ2 proximities and Ahmed's question: "How is it possible, with all that is possible, that the same form is repeated again and again?" (2006, p. 82). The figure of the transsexual pervert is one of such repetitions, found reimagined in affect-laden moral panics surrounding bathrooms, in diagnostic histories of the psychiatric and psychoanalytic clinic, and in the inability to conceive of diverse expressions of trans people's sexuality. Clinicians who work with trans populations must not only actively challenge reductionist visions of trans/sexuality and the unconscious metonymic association of trans people with perversion. Contemporary cisgender psychotherapists, psychoanalysts, and psychiatrists would also do well to consider their own anxious responses to gender variance, or to any subject that exceeds their categorical expectations, and the subsequent foreclosure of "all that is possible." To facilitate this possibility, clinicians must take meaningful steps to address structural and personal/internalized notions of trans pathology – beliefs and systems that may or may not be well-defined or conscious. In so doing, they may begin to generate a more open-ended clinical space for transgender clients to explore their sexuality in all its polymorphous variations.

Chapter 3: A Perverse Solution to Misplaced Clinical Distress

Auspicious Conditions

Late November 2018 you couldn't be a transsexual on the internet without knowing intimately about Andrea Long Chu's high-profile *New York Times* article. In a flurry of polarizing digital responses to the piece, aptly titled "My New Vagina Won't Make Me Happy: And it shouldn't have to," transgender people voiced a confused mixture of appreciation and abject horror at her public discontent. The topic of debate was not the legitimacy of Chu's controversial call to arms, that is, the notion that a transgender person could feel dissatisfied after starting hormones or undergoing gender affirming surgery, and further, that this dissatisfaction should be permissible and not impact medical access. Rather the whirlwind of articles, tweets, and posts retaliated against the perceived social repercussion of her candidness. What happens when one transgender person takes center stage with a particular form of tabooed personal truth-telling, especially a truth-telling which so closely mirrors the voices that repeatedly sought to cast transgender as mental illness? "Until the day I die, my body will regard the vagina as a wound;" she asserts in the bold opening paragraph, "as a result, it will require regular, painful attention to maintain. This is what I want, but there is no guarantee it will make me happier. In fact, I don't expect it to. That shouldn't disqualify me from getting it" (Chu, 2018).

In a political climate where transgender people's claims to legal and medical authenticity still resolutely hinge upon particular linear accounts of finding a cure to gender dysphoria (Clare, 2017), Chu's article brought a thorny counternarrative to a mainstream audience that would surely be difficult to metabolize. Many transgender respondents subsequently expressed concerns that her personal experiences of depression and bodily unease, which arrived post-hormones or surgery, risked dislodging hard-won transgender human rights. Canadian author and social worker Kai Cheng Thom (2018) emphasized that while Chu was entitled to her own experiences, "with

an audience the size of the New York Times, [they] could do real damage." Similarly, trans activist Florence Ashely (2018) asserted that "just because a story needs to be told doesn't mean it needs to be told this way, here." And largely, these concerns were readily substantiated by conservative voices that did pounce on the article as "an icon of our radically disordered culture" (Dreher, 2018). If Chu's despondency could be mined for evidence that transgender people are, in fact, entirely mad along with those liberals who fight for their rights, then perhaps her publication was not sagacious. Most trans commentators thus responded in turn, wielding the cannon of positivist research confirming good outcomes for hormonal and surgical transition. Transitioning makes you feel better (Ainsworth & Spiegel, 2010). It makes you less likely to suicide (Bailey et al., 2014). It increases your life satisfaction (Bar et al., 2016). Regrets are insubstantial (Pfafflin, 1993).

To have a body is a precarious ordeal. Its contents are unwieldy and unpredictable, its significance mediated by the social world, and moments of corporeal satisfaction are often found to be fleeting. As Freud (1923/1989) noted, our ego is (first and foremost) bodily. As infants, the development of subjectivity ("I") is bound to the wayward anatomy that we slowly make sense of and come to inhabit; a troublesome negotiation that never fully subsides. Given these quotidian difficulties, it perhaps need not be stated that the expectation that all transgender people follow a straight affective track towards joyful surgical resolution is fantasmatic. Yet as Thom (2018) notes, for those who seek out gendered medical affirmations, emotional prospects are marked by the "beneficence" and "nonmaleficence" that continue to govern health care systems. The following chapter thus considers transgender people's ambivalent and long-worn relationship to pre-surgical suffering and post-surgical successes, often measured in happiness or a lack of regret, but not in order to delineate the authenticity of such claims. Rather, in this section I examine the distinctive perseverance of categorical distress in psychiatry and, in light of its tenacity, inquire after its

unconscious clinical functions. Instead of focusing upon how, when, and if transgender people should be unhappy with their body, I query the continued rigid use of distress as the yardstick for overall wellbeing and positive medical outcomes.

My thesis therefore tends towards to an understanding of cisgender clinicians who have, in attempting to painstakingly chart transgender identifications, unintentionally revealed much about their own psychic lives. By tracing the history of the nosology of gender variance in the DSM, I show that the movement away from categorizing transsexuality as a sexual perversion was marked by the eventual substitution of gender perversion with the transgender as distressed. This metonymic, taxonomical progression has consolidated transgender impairment with the newly fashioned diagnosis of Gender Dysphoria (APA, 2013a). The DSM's most recent version thus attempts the contradictory task of the current social-political milieu – that of depathologizing transgender people while still keeping their lived experience within the confines of symptomatology required for Western medical legitimization, care, and insurance.

From this foundation I employ Freud's (1927/2006, 1938/2006) less-well known theorizing on perversion – his writing on fetishism, splitting, and perverse defence mechanisms – to analyze the defensive role played by the edifice of categorical distress. This movement to a more Lacanian, structural conceptualization of psychoanalytic thinking emphasizes the function of perversion rather than attempting to assign it any particular cultural meanings. In other words, instead of casting sexual behaviour or subjectivity as inherently perverse, I demonstrate that theories of perversion can be creatively used to better understand repetitions of clinical transphobia and failures of transgender medical care. Enactments of clinical anxiety, as they appear in countertransferential reactions to gender variance, can be interpreted through the pervert's unique defense mechanism – disavowal – and the subsequent resourceful use of a Freudian fetish object.

Although specific clichéd fetish objects often captivate the cultural imaginary, in this case, it takes the humble form of a diagnostic manual.

To exemplify contemporary resonances of these clinical enactments, I turn to an aesthetic evidence of transgender distress erupting in the wrong temporal space, in response to the wrong surgical interventions. Transgender artist Chase Joynt's (2012) multi-channel film installation, *Resisterectomy*, explores cancer surgery as it appears alongside desire for gendered bodily change. The piece showcases both Joynt and Mary Bryson's navigation of various clinical spaces and the ellipses that form from unanticipated transgender surgical trajectories. Their unhappy queer affects (Ahmed, 2010) are not so neatly tied to the morphology of their natal bodies – distress is spurred by abnormal uterine lining, confrontation with terminal illness, uncertain hormonal outcomes, spatial incongruences and well-meaning clinical transphobia. Their uneases do not conform to linear remedy: they are undisciplined, move around, are caused from both inside and outside sources, and it is impossible to seek out their permanent rectification. Nevertheless, the unfailing demand for consistency in trans affective experience can be used as symptomatic evidence of the clinician's distress – an anxiety that could perhaps be assuaged through an ameliorated appraisal of its origins.

A History of Gendered Disorder

In 1952, gender-related pathologies made their first appearance within the inaugural volume of the DSM and have since followed a complex course of being labeled, defined, categorized, expanded upon, and relocated. As Beek, Cohen-Kettenis, and Kreukels (2016) argued in their comprehensive analysis of gender dysphoria's diagnostic history, changes in classification are associated with changes in conceptualization. As the previous chapter began to unravel with the qualifier of transvestic perversion, how one makes sense of the transgender subject or gender variance is both reflected in and produced by the geology of the manual.

At its earliest conjecture, the compact volumes of the DSM-I and II did not develop any exhaustive characteristics for diagnosing mental illness. Pathogenic sexual deviations took up a scant paragraph and the only clearly gender related diagnosis, transvestism, was found listed between homosexuality and pedophilia (APA, 1952, pp. 38–39; APA, 1968, p. 44). Responding to mounting pressure from social political movements of the 1960s and 1970s, which passionately advocated for the removal of homosexuality as a mental disorder, the DSM-II was forced to further revise. In December of 1973, the Board of Trustees of the APA voted to replace homosexuality with "Sexual Orientation Disturbance." This condition was "reserved for homosexuals who are disturbed by, in conflict with, or wish to change their sexual orientation" (APA, 1980, p. 380),[26] and marked one of the germinal movements away from character perversions towards an assessment of the psychical distress caused by sexual non-normativity. It can be easily surmised that this taxonomical adjustment was merely a creative way to appease social change while officially keep homosexuality recorded as pathology. These changes notwithstanding, at this conjecture gender variance continued to be unquestionably cast as a sexual disorder or paraphilia.

By 1980, the third version of the DSM was marked by substantial changing views on the classification of mental disorders more broadly. The manual, although based in the United States, gained unprecedented international recognition and was quickly becoming the official handbook for clinical diagnosis. As the DSM-III (APA, 1980) grew exponentially, definitions and the specificities of symptoms moved away from a clinically-based model to a research-based medical model. These revisions reflected increasing confidence in biological psychiatric medicine and a rise in pseudo-scientific paradigms espousing new assumptions that empirical research would always provide the most valid and advantageous results (Beek et al., 2016). Precise sets of detailed

[26] In the DSM-III, "Sexual Orientation Disturbance" was reclassified as "Ego-Dystonic Homosexuality," and was finally entirely removed in 1987 in the DSM-III-R (Drescher, 2010).

criteria thus laid out three new psychosexual disorders of gender identity: transsexualism, gender identity disorder of childhood, and atypical gender identity disorder (APA, 1980). This moment marked the first authenticated separation of sexual orientation and transvestism from transsexuality and gender identity in the medical world.

In the DSM-III, to be diagnosed with transsexualism, three criteria needed to be met which began to ossify notions of gendered suffering: "[A] a persistent sense of discomfort and inappropriateness about one's anatomic sex and [B] a persistent wish to be rid of one's genitals…for [C] at least two years" (APA, 1980, p. 261-262). These criteria became the cornerstones for classification of transgender subjectivity. Fourteen years later, the fourth version of the DSM (APA, 1994) presented a few marked changes. "Transsexualism" was removed/renamed as a "Gender Identity Disorder," (GID) and although still housed in close proximity to the "Sexual Disorders" like the paraphilias and sexual dysfunctions (disturbances in desire), GID was here considered a completely separate condition. Its new symptomatology included four official components required for diagnosis, which each underlined changes and development within the field's scope of practice: "[A] strong and persistent cross-gender identification, which is a desire to be, or the insistence that one is, of the other sex…[B] persistent discomfort about ones assigned sex[27]…[C] [no] concurrent intersex condition…" and finally, the first appearance of the explicit language of distress in Criteria D: "evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning" (APA, 1994, p. 532-533).

Since its original publication, there have been numerous astute critiques of DSM-IV's criteria for diagnosis of GID leveled by the clinic, community-based organizations advocating for

[27] Although somewhat ambiguous in wording, Criteria B is a continuation of Criteria B from the DSM-II which concerns a discomfort with one's genitals ("sex").

transgender rights, and those trans people most directly impacted by its implementation. For example, a system of classification that relies on adherence to a particularly limited set of narratives cannot to fully capture all gender variant experience, especially when considering other intersections of identity, such as a client's race, dis/ability, sexuality, or citizenship status. These scarce taxonomies are proven to result in restricted access to health care through the maintenance of the fantasy of a singular "true transsexual" who is qualified for surgery (Lev, 2006; K. K. Wilson, 1997; Winters, 2006). Additionally, the diagnosis of disordered gender experience depends upon a conceptualization of normal gender from which one can deviate, including the reliance on binary oppositions ("cross-gender," "opposite sex"). Such imagined gender cohesion depends upon Western and colonial stereotypes of masculinity and femininity (Morgensen, 2011), that additionally reinforce a naturalization of sexism (Lev, 2006; K. K. Wilson, 1997; Winters, 2006). These reductions are also perceptible in the stipulations of Criteria C, which negate intersex people who may identify as transgender.

However most significant for the following analysis, the DSM-IV (1994) has worked to unambiguously define transgender people for clinicians as determinedly stamped with chronic discomfort, disorder, and deficiency (Winters, 2006). In a self-professed attempt to "reduce the false positives by adding a specific criteria that implied distress or impairment" (Beek et al., 2016, p. 9), the introduction of "Criteria D" emphasized the transgender subject as suffering and in search of a medial cure (Clare, 2018). This characterization was not only stigmatizing under the onus of service, but it further undermined the impacts of social adversity faced most prominently by those who threatened conventional gender codes and behaviours. Clear parallels can also be drawn between the trajectory of diagnosis related to gender variance and the slow removal of

homosexuality from the DSM (Drescher, 2010; C. Ross, 2015), as inclusion of persistent and marked distress was the last categorical revision to disorders of sexual orientation.

The instantiation of categorical distress with no acknowledgment of the significant distress caused by a profoundly transphobic culture results in transgender people being held primarily responsible for mental health issues brought about by social, medical, and political violences (Lev, 2006; K. K. Wilson, 1997; Winters, 2006). Some clear examples of these violences include restricted access to health care, systemic and overt prejudices, experiences of gender-based physical and emotional violence, the de-validation of gender identity, invisibilization, limited or lost work, medical pathologization, rejection from family and friends upon "coming out." Transgender scholars have therefore underscored that the DSM has paradoxically worked to cultivate a vision of doctors who could rescue transgender people from their strife, so long as patients are able to articulate a convincing list of symptoms. Yet these symptoms function perhaps more than anything, however, to mask the culpability of those who proliferate transphobia and suffering through the employment of a harmful and inadequate medical model.

The DSM-V and Taxonomies of Suffering

Individuals labeled as trans and gender variant have had an extensive relationship with the DSM, ranging from its brief mention - the sexual deviation transvestism in the first addition (APA 1952, 39) - to the current three pound DSM-V and its comprehensive diagnosis of Gender Dysphoria (APA 2013a, 451). These diagnostic criteria continue to carry noteworthy effects and ramifications, not only for the ideological production of transgender subjectivity, but also in transgender people's concrete experiences of everyday life. These marginalizing effects are compounded further in vulnerable communities most susceptible to social hatred and violence, such as trans people who are indigenous, of colour, trans-feminine, do sex work, or live in poverty (Grant et al., 2011; Namaste, 2000). Yet one of the most time-worn barriers for many trans subjects

in the West has been that a diagnosis, and all its shifting criteria, remains the sole route to accessing transition-related resources including legal name changes, surgeries, and hormones.

The changes in trans-related diagnosis from the DSM-VI to the current fifth version were consequently profoundly contentious and preceded by six years of in-depth analysis including research, draft versions, and literature reviews conducted by the APA's Task Force (Beek et al., 2016). This effort resulted in significant advances and changes to the diagnostic criteria of the DSM, as well as a comprehensive report outlining the Task Force's process, engagement with key debates, and subsequent recommendations (Schneider et al., 2009). Recognizing the controversial nature of diagnosis related to gender identity and expression, the APA expressed a clear desire to provide ameliorated accounts of transgender people's multivalent experience. They acknowledged that the manual itself has the capacity to impact the psychological and material realities of those diagnosed with GID, as well as the maintenance of their stigmatization.

Significantly, the "Gender Dysphoria Fact Sheet" states plainly that "gender nonconformity is not in itself a mental disorder" (APA, 2013b, p. 1), and further, that the change in language from "Gender Identity Disorder" to "Gender Dysphoria" is an plain attempt to depathologize gender variant expression and identification. Balancing the requests for complete removal with concerns surrounding access to care, the new designation of Gender Dysphoria garners an entire section in the DSM, for the first time distinct from both the paraphilias and sexual dysfunction (APA, 2013a). The chapter is prefaced by updated definitions of terms like sex, gender, gender assignment, dysphoria, transgender, and transexual, while also broaching their complexity and unfixed quality. Identities that exist outside of a gender binary are recognized, as well as diverse experiences and corporeal desires. The DSM-V reduced sexist and essentialist language and has overarchingly shifted its focus away from the scrutiny of gender nonconformity.

Even so, the primary way in which the DSM-V attempted to de-stigmatize gender variance while maintaining access to care was through the reification of Criteria D, now "Criteria B." In a similar fashion to the history of homosexuality, non-normative identity is no longer, in itself, an adequate basis for diagnosis and is therefore not considered inherently disordered. Rather, an individual's suffering has been concretized as the requisite and differentiating characteristic of mental illness. The criteria for a diagnosis of "Gender Dysphoria" is reduced to two components: "A. a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration…" and the by now familiar "B. the condition is associated with clinically significant distress or impairment…" (APA, 2013a, pp. 452–453). Although an improvement from the disordering of gender, the primacy of dysphoria still preconditions a state of discontent and general dissatisfaction with the body.

As critiques of the DSM-IV highlighted, it is not sufficient to focus on trans suffering without clear recognition of societal determinants. Many transgender people do of course experience distress, but the details and origins of this distress are somewhat unclear, especially in light of wide-reaching transphobia. In their Toronto-based critical queer response to the APA's call for comments and suggestions on the DMS-V, Daley & Mulé (2014) contend that the pressures of a normative lifestyle, such as genderism, societal transphobia, and/or internalized transphobia, must be more closely examined. Strongly advocating that Criteria A should alone be adequate for diagnosis, they additionally advised that distress and impairment be evaluated separately from gender incongruence. Despite these and other similar suggestions, the APA Task Force's report states that although issues surrounding gender identity are quite controversial, "what is not a contention is that gender dysphoria is often a source of psychological distress, above and beyond the influence of societal attitudes" (Schneider et al., 2009, p. 47). In order to re-legitimize

biologically based medical diagnosis and subsequent treatment, this report and the DSM-V function to peripheralize the impacts of systemic marginalization. Furthermore, accounts of dysphoria housed in this diagnostic manual inherently aim to remove symptoms, and therefore discursively pre-script an affective movement from discontent towards a promise of happiness (Ahmed, 2010).

In "Wounded Attachments," Wendy Brown (1993) argues that "politicized identity…becomes attached to its own exclusion…because it is premised on this exclusion for its very existence as identity" (p. 407). Even within the manual's comprehensive updates, to be considered subjects worthy of inclusion, transgender people are still dependent upon a biologically-based, discursive enactment of exclusion from health ("I am dysphoric") and subsequent aspirations towards change ("but I can be made better"). The constitutional paradox of this meticulously developed nomenclature has led to the anomaly of "series of individuals not quite believing what they say" (Butler, 2004, p. 91), of doctors and patients strategically ticking the right boxes. Of course, it is well documented that many transgender people do experience distress in regarding their natal corporality and seek out hormonal or surgical remediations, leading to feelings of joy or increased life chances. Yet we must be curious about the fastidious dependence on these strict enunciations and delineations, a system so tightly wound that public assertions to the contrary like Chu's seem perilous. The medical industrial complex has consistently chosen to overlook the complexities of transgender experience, beyond what can be explained as an ideological fidelity to positivism. By now turning to psychoanalytic theories of perversion, we may consider some of the additional hidden functions of this manual and the perseverance diagnostic certainty. What purpose does the DSM serve for clinicians themselves, especially when encountering patients who unsettle the coherence of normative gendered identifications?

An Artful Looking Away

Most psychoanalytic theorists who address perversion are using one, or both, of two distinct paradigms in Freud's work: 1. the polymorphous perversity of the pre-Oedipal child and the unbound partial drives; or 2. the Oedipal drama of castration, disavowal, and fetishism (Nobus & Downing, 2006, p. 12). As discussed in chapter two, Freud's (1905/2011) theory of childhood polymorphous perversity claims that every human subject is born with unbound libidinal drives, which, through a process of development, traverse different erogenous zones. Based upon its capacity to disrupt traditional scripts, drive theory is the primary focus of most feminist and queer recuperations of perversion and psychoanalysis (Bersani, 2010; de Lauretis, 2010; T. Dean, 2000). However the largely overlooked second paradigm could also prove to be quite valuable for queer and trans scholarship.

This other framework of perversion emerges in Freud's later essays - "Fetishism" (1927/2006) and "The Splitting of the Ego in the Process of Defence" (1938/2006) - which outline a unique solution to the Oedipus complex. This psychosexual phase of development is characterized by father-son libidinal competition for the mother and the son's anxiety upon finding that the mother does not have a penis. The child's assumption is that the father has removed it and that he must, therefore, fear that same castration himself.

This path occurs differently for a fetishist, however. When this child with a biological penis[28] (presumed to be male) is confronted with the trauma of the mother's lack (of a penis) and the father's prohibition, instead of accepting the lack, relinquishing rivalry, and giving way to identification with the father, the child chooses to *disavow (Verleugnung)* castration (Freud 1927/2006). In the place of giving up the mother's "quite special penis" (ibid.: 205), the boy "looks

[28] In Freud's model and many interpretations of it, there are no fetishists without this embodiment, and therefore all fetishists are assumed to be male. The theory assumes that without a penis, girls would not be subject to castration threat.

away" to create a permanent memorial that is both a "token of triumph over the threat of castration and a safeguard against it" (ibid.: 205). This fetish substitutes for the "normal" (neurotic) mechanism of repression. What is key here is that the process of disavowal creates a separation within the ego where the real danger is both *recognized and denied*, so that a type of early pre-Oedipal satisfaction may be maintained.

As Octave Mannoni (1969) describes, the cultivation of a fetish is an articulation of "I know well, but all the same…." where the "…all the same" is not spoken, but rather taken up by the fetish object itself (68). This new object is a safeguard against the adjacent disturbing reality, two realities that can only be sustained by an unblemished relation to one another. Laplanche & Pontalis (1988) concisely define disavowal as "a specific mode of defence which consists in the subject's refusing to recognize the reality of a traumatic perception" (118). This form of refusal should be clearly differentiated from denial, perhaps a more familiar defence mechanism, which acts to negate the entire reality of an unpleasant fact. In "Negation" Freud (1925) offered the insight that because the unconscious no knows "no," the analysand's renunciations are often in fact a robust "yes." In contrast, the repudiation taking place in disavowal is a particular type of "no" in which the subject knows, but choses instead to look the other direction. Two incompatible ideas - recognition of an absence, and refutation of that same absence - are maintained through what Freud (1938/2006) called an artful splitting.

The materialist, biological finitudes of Freud's theories of castration have generated tension for feminist, queer, and trans theorists. It is not difficult to imagine how the concept of fetishism - which has been most widely used to as an instrument of violence against queer and transgender people – might be rendered suspect, especially in its summoning of castrated/phallic women, domineering primordial fathers, and genital providence. Furthermore, as a component of

fetishism, disavowal has often been firmly affixed to a set of very specific deviant subjects and behaviours (Miller, 2013). In the most archetypal example, when imagining a fetishist, what readily comes to mind is a man fixated upon women's feet and red heels. This association is a product of a number of factors, including Freud's (1927/2006) account of the foot-fetishizing boy. He quite literally looks from the mother's traumatizing lack to one of the closest available distractions – her feet, and a shoe that takes up the appearance of a phallus.

Although an analysis of the social derivatives of fetishism are significant, I maintain that disavowal can also be usefully employed as a defense mechanism, when its theoretical container is separated from particular behaviours or identities. As Don Carveth (2010) argues, since Wilfred Bion's work from the 1960s, perversion has lost any necessary relationship to gender and sexuality in psychoanalysis, although this relationship has still been widely pursued. In some contemporary psychoanalytic thought, perversion has moved towards more loose explanations of character or psychical structure, including "character perversion," "transference/countertransference perversion," or "perverse modes of thought" (Auchincloss & Samberg, 2012). Nevertheless, a determination still characterizes the clinically fortified, symptomatic relationship between certain paraphilic sex acts or transgender people, and perversion. It does seem that homosexuality has finally evaded this medicalized association, although not entirely unscathed (Drescher, 2010).

A few emerging psychoanalytic thinkers who are doing trans-positive theorizing, such as Patricia Gherovhici (2010) and Even Watson (Giffney & Watson, 2017), recently argue that Lacan's theories of sexuation can be applied as a way to move outside of Freud's reductionist biological determinants. Lacan reformulates the myth of Oedipus, situating loss of a bodily organ (the penis) in the imaginary realm. Instead of a relationship to this imaginary penis, he emphasizes the symbolic components of castration (the phallus), their relationship to language, and the subject

as they emerge in relation to the object cause of desire (*object a*). Through the universal drama of castration, the subject is subsequently situated in one of three psychical structures: neurotic, perverse, or psychotic, depending upon this early and non-linear developmental trajectory. These three positions are a foundational and unchangeable component of any subject's psychical organization, providing a baseline scaffolding that manifests quite idiosyncratically as the individual ages.

While chapter four provides a more robust investigation of Lacan's theories of castration, the perverse structure and their relationship to desire, at this conjecture I note that within Lacan's model the structural pervert, like the fetishist, adopts the primary defensive function of disavowal instead of neurotic repression. The perverse structure is determined by the subject's early relation to the mOther's lack and to a third term, the Name of the Father. Much like the phallus, this "lack," "mOther," and "Father" take up symbolic functions in relation to the subject, and do not necessarily correspond to the sex, gender, or the subject's specific social roles. Lack is not the lack of a penis, but rather the cause of desire; the father is not a male caregiver, but rather an important prohibition. I therefore argue along with Gherovichi (2010), Watson (2017) and others, that like sexuation, Lacan shows that psychoanalytic theories of perversion resist any static association to sexual acts whose meanings are culturally dependent. Characterized by disavowal, the perverse structure is actually plagued by certainty and concerns of the imaginary – such as rivalry, aggression, and control (Andre, 2006; Swales, 2012). Lacanian renderings of the Oedipus complex illuminate the various functions of perversion, rather than ossify any particular symptomatology such as foot fetishism.

By discarding the biological restrictions of classical theory, many psychical components of the second paradigm of Freud's work on perversion become useful for understanding the

development of trans-related criteria in the DSM and its reinforcement. I will not be arguing that any clinicians have a particular Lacanian structure as this would be impossible to ascertain, but rather that clinicians may be borrowing from the pervert's mechanisms, including splitting, omnipotence, and its primary defense, disavowal. No subject is immune from the use of more primary defenses or any aspect of the three psychic structures, especially under situations of stress, uncertainty, or a confrontation with what may be disruptive or abject. Therefore unexpectedly, many of the perverse apparatuses that been traditionally attributed to transgender people, such as a fetishistic looking away, can be found in clinician's interventions with trans subjects and within the DSM's text.

Uninhibited Distress

In *Promises, Promises,* Adam Phillips (2002) persuades us to consider that "diagnosis is the way analysts cure themselves of anxiety, when their anxiety can be the most valuable thing they have" (290). The unease caused by gender, in all its permutations and uncertainties, is not something to which anyone, let alone therapeutic practitioners, are immune. Conversely in fact, the more a gender is assumed to be static, cis-centric, and knowable, as is encouraged in most Western medial colonial contexts, the more foreboding would be a confrontation with its variance. With the instantiation of the DSM-V a new perverse knowability has evolved, situating itself firmly within convictions surrounding transgender people's inherent distress and impairment and the subsequent omnipotence of curative measures. In this way, the diagnostic manual itself functions fetishistically, as an imaginary phallic object that contains the assurances of certainty (Freud 1927/2006); it can be "looked at" to avoid lack, the heterogeneity of desire, and uncertainty (Swales, 2012).

As noted by Phillips (2002), these processes are employed as a way to elude countertransferential anxiety, which could otherwise be deemed a useful and even crucial piece of

clinical information. The DSM's diagnostic structure – which provides rigid and numbered lists of criteria – function in two important ways beyond its set purpose. The first is to aid in the reduction of unease caused by uncertainty and proximity to that which exceeds the safety of a taxonomical container. When a clinician encounters any client, their symptoms, gender presentation, and/or wide range of variance (cultural, corporeal, psychical), may be experienced as overwhelming. Yet the DSM's systematized method of statistical classifications allows for an efficient method of hastily re-establishing medical confidence. These ascriptions of cognitive malady could indeed, then, have much more to do with an unconscious defense against the difficulties of encountering difference than with any concretized truth about the patient's condition.

A second function of the DSM's criteria may be the projection of the clinician's own distress onto the client. More specifically, these anxious projections also function as projective identifications (Hinshelwood, 1989; Klein, 1975a) as they are expelled from the self, into an other who then identifies with those part objects. In other words, the systematization of gender dysphoria leads the psychiatrists to say "I'm not distressed (about gender non-conformity), *you* are distressed. In fact, I require your articulation of the fact before I go about helping you." In this way, the unwanted affect is evacuated and placed into an other, so that it may be worked-out but separate from the initial projecting subject. But because the affect is evacuated and therefore never knowingly addressed by its owner, it will always return in the form of an unconscious repetition – for example, in this case, through a strict reification of diagnostic criteria. This relationship to distress is uninhibited. It flows freely from one person to the next without a clear home or location of origin. Therefore, if our attention is turned from common questions about the transgender subject's internal reality to the internal reality of those entrusted with their medical treatment, it becomes less clear about whose distress we speak.

As I have emphasized in the previous section, in order to re-legitimize a biologically based medical diagnosis, the DSM-V has functioned to repudiate the vast impacts of the social world and systemic transphobia. This particular repudiation could also be considered a perverse disavowal, insofar as systemic factors are not entirely absent from the criteria, but moreover, briefly acknowledged and never quite incorporated. The manual tangentially names societal issues that dramatically impact trans people's lives,[29] while simultaneously essentializing trans subjectivity as an inherently biologically-based suffering ("what is not a contention is that gender dysphoria is often a source of psychological distress, above and beyond the influence of societal attitudes"). This acknowledgment consequently says "I know very well," while existing resolutely alongside a denial, "but all the same" (Mannoni, 1969). These two contradicting realities are kept separate or split, functioning beside one another without significant recourse (Freud 1938/2006). The DSM's curative measures additionally function with another aspect of defensive perverse - omnipotence. The manual exerts a form of unconscious control through coercion into a particular form of reiterated, and accordingly, naturalized trans storytelling. Strict adherence to the diagnostic model thus leaves little room for variations of feeling, let alone the complex social causes of strife.

Through close reading, the DSM-V's text can also be analyzed to uncover syntactic enactments of the defensive process of disavowal. Revisions to the DSM-V do endeavor to reflect multivalent gendered identifications and expressions (Schneider et al., 2009), in for example, the updated terminology of sex and gender (APA 2013a). A clear attempt to account for gender variance and non-binary identification appears within the diagnostic criteria itself. The numbered

[29] Within "Consequences of Gender Dysphoria" in the DSM-V a scant paragraph reads: "Gender dysphoria, along with atypical gender expression, is associated with high levels of stigmatization, discrimination, and victimization, leading to negative self-concept, increased rates of mental disorder comorbidity, school dropout, and economic marginalization, including unemployment, with attendant social and mental health risks, especially in individuals from resource-poor family backgrounds (458).

lists of criteria for each disorder are integral in classification, as an official diagnosis can only be acquired through adherence to both Criteria A: "a marked incongruence between one's experienced/ expressed gender and assigned gender, of at least 6 months' duration…" and the by now familiar "B. the condition is associated with clinically significant distress or impairment…" (APA 2013a, 452-453). "Criteria A" is followed by six additional measures, of which two must be met for the subject to officially be considered dysphoric.

Of particular interest here, is subsection 4 through 6, which include a repeated parenthetical addition. For example, number four reads "A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)" (452). The addition of "some alternative gender…" is significant, as it seems to be an even-handed attempt to including non-binary and other gender variant identifications in the diagnostic criteria. But tellingly the inclusion has been made adjunct through a particular syntactic tool.

Parentheses are employed, grammatically speaking, to provide additional information that is not essential to the sentence structure. They connote that the material is an "aside," that it is supplementary and can be removed without impacting the main argument. The concept in parenthesis, in this case gender uncertainty, can be removed without recourse. Besides the problematic adjacency of non-binary identifications that this structure connotes, I would argue that a perverse clinical disavowal is being quietly enacted. The two concepts exist side by side, but retain a distinctive autonomy. Perversely, the auxiliary idea is made non-threatening through its encasement; the idea prevails - "I know very well" - yet it is rendered symbolically dispensable ("but all the same").

Qualities of Freud's second paradigm of perversion thus appear throughout many facets of the updated DSM-V, especially if read through a Lacanian framework which focalizes its structural

components of disavowal rather than any particular set behaviour. As a band-aid solution to pathologization, the 2013 manual reifies transgender distress and impairment while reassigning clinical suffering to an outside source. Finally, the diagnosis is primarily motivated by a distress cure, while persistently de-centering social factors. Like the pervert, the clinic's diagnostic criteria are flanked by concretization, projective identification, omnipotence, and disavowal. Although many mental health practitioners are cognizant of these diagnostic inadequacies, and are attempting to best map trans experience with the tools available, a particular form of "looking away" characterizes the foundation of their development.

By definition, these defense mechanisms are unconscious (A. Freud 1936/1993). An important distinction should therefore be made between resistances and the conscious, benevolent, and strategic applications of the DSM. As many practitioners are aware of diagnostic limitations, they employ the manual's benchmarks as a means to an end. Wanting to help their patient's transition and overall health, doctors and psychiatrists strategically dispense a verdict of "Gender Dysphoria". As Butler explains, in this way "the diagnosis takes on a life of its own: it may not actually describe the patient who uses the language to get what he or she wants; it may not reflect the beliefs of the therapist who nevertheless signs her name to the diagnosis and passes it along" (Butler, 2004, p. 91). Many conscientious uses of the manual that fall outside of its anticipated purposes. In contrast, however, the preceding analysis queries clinical reactions to gender variance that continue to unobtrusively function *without the clinician's awareness*. In fact, an uncovering of these ego-syntonic defenses would be felt as threatening.

The anxieties provoked by bodily difference, unfamiliar gender identifications, and the realities of the social determinants of health (such as systemic transphobia) are soothed by the DSM-V and the consolidations in a diagnosis of Gender Dysphoria. In turn, the manual itself acts

as a tangible fetish object, much as a woman's high heels would for the theoretical fetishist. The criteria permit a semblance of knowability (trans people innately feel *this* way), while the contradictory traumatizing reality can be maintained unscathed (gender is uncertain, its affects and genealogies are unclear). In this way, the DSM-V may be "looked at," adjacent to another difficult truth that clinicians would rather not fully acknowledge. A perverse defence uses the fetish object to purchase certainty and omnipotent control in the face of variability and lack. And although this object may allow for the fantasy of knowing it does so at the expense of possibility, and of a receptiveness to difference.

Art and surgical meanings in *Resisterectomy*

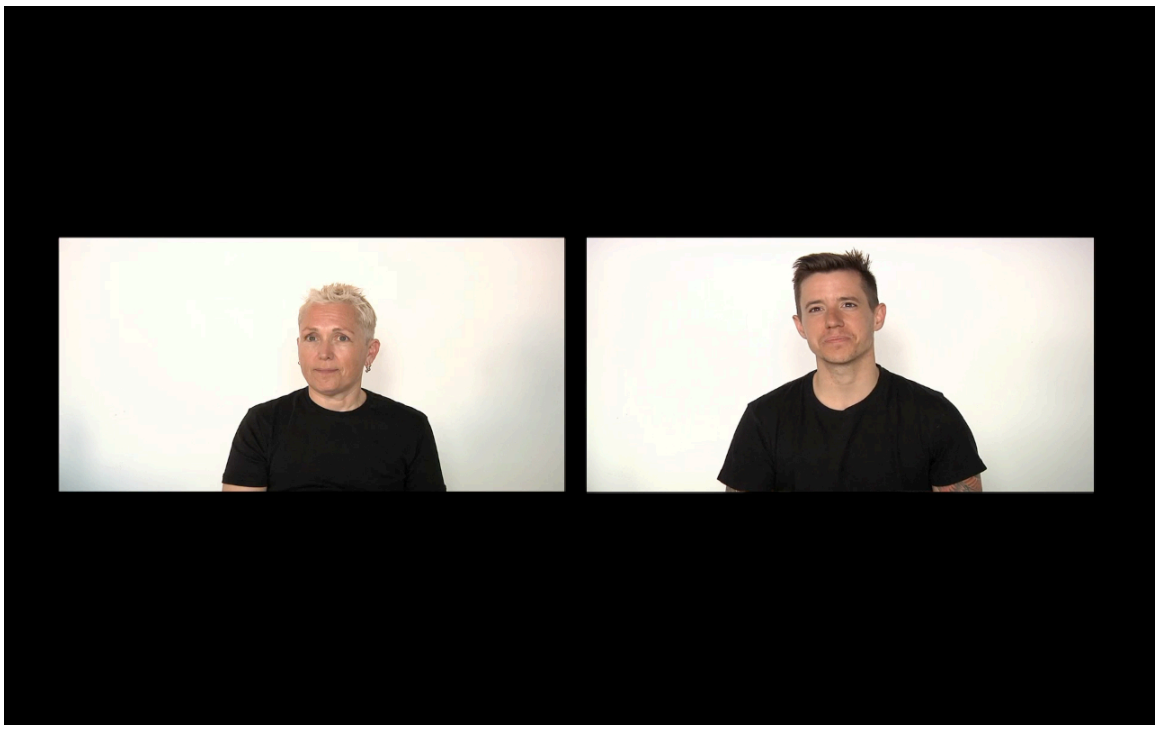
"I don't identify as a man, I don't identify as someone who is going toward a particular mode of gender inhabitation…how are you going to talk about all that…and cancer?" Professor Mary Bryson's evocative question punctuates the 8 minute moving image piece *Resisterectomy*, part of Toronto-based artist Chase Joynt's (2012) larger multi-media installation. Aesthetically, the work employs multiple splittings and juxtapositions. There are two separate screens (on one side stands Joynt, on the other Bryson), where each individual imparts their personal medicalized narrative. They share matching diagnosable bodily experiences: both have a familiarity with cancer, and that cancer/cancer scare leads to a specific surgery. Further, these two surgeries are often associated with transness and gender affirming surgeries. During a routine pap, Joynt, a trans man, finds that the lining of his uterus has thickened and that he must immediately endure a non-elective hysterectomy. Bryson, who is gender non-conforming, has been diagnosed with an aggressive form of breast cancer and must promptly undergo a double mastectomy. The video oscillates between quick snippets of their separate stories, overlapping a disjointed conversation that attempt to "re-locate, re-distribute, and re-craft" (Bryson & Joynt, 2013) surgical narratives.

The proficiencies of medical establishments that host procedures relating to gendered parts of the body - a chest, breasts, the uterus - begin to collapse under the discursive and material weight of Bryson & Joynt's trans illnesses. The perverse facets of distress that have been considered throughout this chapter rise to the fore in *Resisterectomy's* narratives, as do the defence mechanisms that perpetuate systemic medical violences. While navigating clinics built upon biological, cissexist, and binarist presuppositions, Joynt and Bryson brave chronic invisibilization. The emotional difficulties provoked by their ailing bodies are fortified through the procedural impossibilities of transgender existence. Although accommodated, "a man with a uterus" and a cancer survivor who does not want breast reconstruction will face the resonant anxieties of those who struggle with the gender's heterogeneous embodiments and identifications.

Joynt's gynecological cancer scare wrenches him into the mechanics of gendered medical supervision. His retelling is punctuated by mute and disconnected pauses, a fight for articulation that is evidence of silencing and trauma. Since clinics for uterine related pathology are ciscentric, his existence is rendered institutionally incoherent as he is forced to receive care at women's clinics. Borrowing from the first paradigm of perversion (Freud 1905/2011), the heterogeneity of Joynt's queer corporeality reaches far beyond normative scopes. There is an unbound polymorphous nature to his desire that extends far past the clinic's structural capacity. On the other hand, aspects of the second paradigm of perversion (Freud 1927/2006, 1938/2006) are also clearly located in the clinic's concretization of gender. The medical insistence that he is an exception to the rule, and their repeated refusals to acknowledge variance, epitomize a revisited disavowal. Similar to the parenthetical addition to the DSM-V, Joynt can only exist in the women's clinic as

an incidental case while gender certainty remains intact. He endures alongside normativity and can be removed without recourse.

As critical disability scholar Eli Clare (2018) has argued, the medical industrial complex produces bodily trouble in order to monetize a path towards rehabilitation – "through cure, we believe we can control our fragile, changeable, adaptable selves" (70). Joynt's account disrupts this linear remedial model proposed by the DSM—that a trans subject will feel they have a particular type of wrong body, experience dysphoria, receive a diagnosis, acquire surgery/hormones, be relieved. Given that there is a probability that his uterine lining has thickened from the administration of testosterone, Joynt asks rhetorically: "Is testosterone impacting your body in the way that you had hoped?" and answers: "…how do you hope for something you have



no context for?" Although facilitating his physical transition, the synthetic hormone has also potentially caused a physical ailment, eliciting surgery that was not chosen. This unanticipated ordeal, whose source cannot be decisively learnt, then results in a confrontation with prolonged

exposure to acute transphobia at the clinic. Subsequently in Joynt's story, the requisite DSM criteria of distress and discomfort falls outside of its expected confines and chronology.

According to Joynt's testimony, trans suffering, here, is caused both by the instrument that facilitates relief (in this case testosterone) and by the social world, neither of which could be satisfactorily accounted for in the DSM-V's criteria. Again, perverse disavowal functions to disregard the enormous distress and discomfort caused by a transphobic culture. Additionally, however, the trans subject's complex relationship to suffering has also been stifled. There exists an assumption and expectation that post-surgery trans people will somewhat uncontroversially feel more like their authenticated selves. For transgender men, a hysterectomy is meant create a happy distance from a reproductive system gendered female, or facilitate an exciting anticipatory step towards phalloplasty. Like any difficult lived experience, however, trans people's relationship to bodily change will be layered, comprised of "good" and "bad" aspects that cannot not be split apart (Klein, 1975a; Sedgwick, 2003). The fetishized DSM and its linear curative model work to hide another unsettling reality – the incongruity of concurrent pleasure and suffering. "I feel pressured sometimes to make connections" Joynt explains "…I'm just not sure that those stories are true, in the way that we are told…maybe they are for some people, but not really for me."

On the opposing screen, Professor Mary Bryson's aggressive cancer necessitates the expedient removal of both breasts. Doctors suggest repeatedly that they[30] consider reconstruction surgery, post-operatively. But when Bryson communicates that, if they did indeed seek out reconstruction it would be for chest masculinization, practitioners reject the possibility outright. "You're just crazy right now," their GP stated, while signing them up for breast reconstruction

[30] Bryson uses the gender-neutral pronouns "they and them."

without consent. In finding something truly pleasurable about being faced with malignant breast cancer, by "imagining how incredibly cool, how really amazing my profile would be in a men's shirt," Bryson invokes a perverse transsexual enjoyment. Like Joynt, their desires extend beyond a fantasy of anticipated affect and coherent endings. In this instance, Bryson's acute suffering and distress is provoked by cancer, not by gender dysphoria. The anguish resides in the wrong place, and accordingly the metonymic progression of meanings has been disrupted. The request for gender affirming surgery does not fit with in the accepted curative model of trans experience, and like Joynt's, is therefore unintelligible.

Bryson's ambivalence – simultaneous suffering and enjoyment cancer – consequently combats another type of defensive splitting that occurs, both in the face of death and when facing gender difference. By talking about their non-finite, gender variant, corporeal desires while facing an invasive disease; by allowing themselves the pleasure of masculinizing top surgery while confronting the horror of death, Bryson is weaving a resourceful response to potential devastation. Attempting to confront the unraveling effects of trauma by creatively working through it, making meaning through gender and its various embodiments. The doctor's insistence upon looking away, manifested in the inability to imagine Bryson's gender expression, perversely fixes or concretizes while disavowing an unsettling reality. This clinical disavowal not only perversely repudiates Bryson's very existence, but also renounces their intuitive attempts to psychically maneuver an incomprehensible diagnosis.

Boundaries of selfhood are formed in conversation with societal norms and bodies that challenge this normativity are experienced as overflowing, fragmented, or abject (Shildrick, 2007). Bryson's queer desires for a flat chest challenge legitimized reaction to death, especially for those assigned female at birth, whose breasts are supposed to carry the weight of their feminine

subjectivity. “I am already in both places,” they elaborate, “I am already really enjoying the fact that I am going to be doing something in terms of my body that I am going to be able to get a lot of pleasure out of…*and* I have breast cancer.” The aesthetic delight that Bryson finds in a frightening illness “strongly linked to mortality” unsettles the clinic’s expectations and attempts at containing bodies within appropriate plots. The fantasized wholeness of a ciswoman with two “good” breasts (Klein 1975a), of a body that is resilient or indestructible, of a gender that is static and knowable, all rupture with Bryson’s articulations and exhibitions of difference. The clinic’s palatable anxieties, both provoked and defended against, are thus symptomatic of what is ubiquitously prohibited and yearned for.

Clinical resistances to multifarious gender possibilities, revealed with the sheer inability to comprehend trans pain and desire should therefore be considered in terms of what providers disavow. As a fetish object, the DSM itself, in its endless and so far inadequate attempts at classification, exemplifies a perverse defence against a fundamental incapacity - in this case, manifested in the impossibility of fully systematizing or defining gender. These defences are compounded further by the simultaneous acknowledgment and refutation of social marginalization. Fears and longings permeate trans people’s medicalized interactions, as they strategically navigate the health care systems often required for physical transition and essential to their overall wellbeing. These systematized clinical apprehensions contribute to noteworthy and tangible barriers to legislated health care. Although the expectation that trans people demonstrate distress and impairment, as reinforced by the fifth instatement of the DSM, is an attempt at depathologization, it still consolidates the trans subject as suffering and in search of a cure. This consolidation not only impacts access but also drastically delimits trans people’s overall sense of a self, a self that suffers and finds pleasure in its own idiosyncratic way. If the anxious struggle for

diagnostic certainty could be abandoned, perhaps a new willingness to engage gender in all its permutations, imaginings, and aspirations could begin to inform the way trans people receive care.

Chapter 4: Psychoanalytic Dreams of Polymorphous Sleep

> "He thought, too, about his need for a real animal; within him an actual hatred once more manifested itself toward his electric sheep, which he had to tend, had to care about, as if it lived. The tyranny of an object, he thought. It doesn't know I exist. Like the androids, it had no ability to appreciate the existence of another."
>
> - Philip K. Dick, *Do Androids Dream of Electric Sheep*, 1968

> "No doubt a wish-fulfillment must bring pleasure; but the question then arises "To whom?" To the person who has the wish, of course. But, as we know, a dreamer's relation to his wishes is a quite peculiar one. He repudiates them and censors them – he has no liking for them, in short. So that their fulfilment will give him no pleasure, but just the opposite…"
>
> - Freud, *The Interpretation of Dreams,* 1899

<u>The Tyranny of an Object</u>

The question of what an android might dream about, if given the chance, could perhaps illuminate something quite central about what it means to be human. Keeping in mind that these humanoid automatons are, in and of themselves, principally the raw material of the creator's own aspirations, one might find themselves wondering whether androids can truly have their own fantasies or desire. In other words, it is reasonable to speculate that a machine's dreams would always fundamentally, at least in some capacity, be connected to the programmed yearnings of its architect. Yet it is also clear that, as technology becomes smarter and more lifelike, the well-defined distinctions between human desire and its mechanical extensions cannot maintain their confidence. These problems have been the chief concerns of countless science fiction narratives, including Philip K Dick's (1968) popular novel *Do Androids Dream of Electric Sheep (DADES)* and its cinematic reimagining in Ridley Scott's ground-breaking 1982 film *Blade Runner*, and then, yet again in the top grossing 2017 sequel, *Blade Runner 2049*. The lasting relevance of these reveries on (post)human-ness, technological encroachments, and robot wishes might further, I think, as others have before me (de Lima Carvalho, 2017; Haraway, 1983/2006; Preciado, 2013), help freshly consider pressing contemporary issues surrounding transgender lived experience.

In literature, dystopia functions as a type of warning, a premonition of the collective's worst catastrophic fears. They are the "worst" because they often exist in close proximity to utopia, a paradise too easily lost (Greene, 2011). Dystopic settings also emulate aspects of current societal strife, rendering them effectively unnerving in a hijacked proximity to current troublesome realities and disavowed truths. In this way like art, fantasmatic stories such as *DADES* usefully house and help us work through disturbing components of unconscious life. Since its instantiation, psychoanalysis has argued that the unconscious had many tools for masking repressed content (A. Freud, 1936; S. Freud, 1894, 1896), including turning things into their opposite much like the Mobius Strip of utopia/dystopia or human/android. One of the main threads that run throughout this chapter, then, is an exploration of how our "worst" hatred, dislikes, or discomforts – such as the common anxious responses to gender variance – may also be the important expression of a hidden *wish*.

Dick's novel borrows from persistent archetypal Western capitalist concerns, provoked by widespread environmental degradation, the lack of differentiations between human and machine, and the struggle against the loss of a non-android ways of life. Although there are several worthy queer or psychoanalytic entrances to Dick's tale (for example see Benesch, 1999) in my contextual retelling, I venture to chiefly highlight components that relate to the history of psychoanalysis' clinical relationship to gender variant people. As Foucault (1978) has famously shown, and many transgender theories have subsequently underscored, clinical nomenclatures function to sort and classify sexuality into strict discursive groupings. Their very evocation is therefore a strategic assemblage of normalcy and deviance. Comparably then, a chief concern throughout *DADES* and its two film renditions, is finding a resolute and trustworthy demarcation between the androids and "real" life (Finn, 2017). These boundary projects rest on shaky ground, however, and in the novel,

two overlapping principles are continuously deployed to reassert order at the borderlands: empathy and desire.

This chapter begins with a brief elaboration of these two aspects of *DADES*'s plot, so we may borrow from its lessons when analyzing fantasies that surround gender variance in the psychoanalytic clinic. The story's key themes will be used to substrate Lacan's formations of perversion and their relationship to the paradoxical nature of desire. Lacan's idiosyncratic handling of perversion formulates an essential truth about the problematic nature of human desiring. This intrinsic struggle, shared by all subjects with a neurotic structure, must be creatively mitigated. In turn then, I postulate that these difficulties of desire manifest symptomatically in psychoanalytic and psychiatric work with transgender patients through various clinical expressions of transphobia. Much like the previous chapter's deliberations on defense mechanisms, I draw upon psychoanalytic theories of perversion to account for the normalized, anxious management of gender variant people. To substantiate these claims, I conclude with a close reading of a clinical case study with a transgender analysand from 1948. This article is unique insofar as psychoanalyst Dr. Martin Grotjahn chooses to pay special attention the patient's striking drawing – a surrealist pencil representation of their struggle with gender difference, reproduced in the original text.

Human concerns that a robot might evolve to the point of producing its own, autonomous wants and needs permeates much of the anthropomorphisms in Dick's original book and both its cinematic adaptations.[31] After World War Terminus, occurring in 1992 or 2021 depending on the book's edition, only a scant few humans remain on the earth's interminably eroding surface. Most animals are either endangered or are completely extinct from radiation poisoning. Off-world colonies have been established through the well-marketed incentive of a high-tech personalized

[31] The following analysis focuses primarily on the original book. Much of the storyline has been altered in the films, however many of the central themes remain intact in the symbolic undercurrents of each cinematic version.

AI. This android servant (also called "Replicants" in *Blade Runner*), matched perfectly to each person's individual needs, flaunts the seamless evolution of capitalism and its legacies of slavery, perhaps the only things unscathed by the nuclear fallout. Yet as technology continues to advance, so too, does its products become more disconcertingly realistic.

Sophisticated high-tech imitations of life are therefore ambivalently sought after in this precarious world, coveted yet despised for their associations with the almost total loss of existence on earth. The build-up of toxic dust and "kipple" (the excess of abandoned objects on earth with no use) steadily multiplies, while melancholic attachments to the past characterize new status symbols. In Phillip's book, owning a real, live animal has become the primary measure of success, and while each person on earth clamors to afford one, some are left only with an electric replication meant to fool onlookers and subsequently spare their owner a grand public humiliation. The internal shame wrought by such fabrications, however, cannot be ameliorated. Thus as Donna Haraway (1983/2006) predicted in "A Cyborg Manifesto," when the line between human and machine begins to blur, so too are more proficient measuring devices refined, capable of determining who is human and what is machine.[32] And in Dick's dystopia, the primary gauge of true human-ness, is the ability to feel empathy.

But how does one quantify empathy? Empirically, of course, because certainly "the hardest science is about the realm of greatest boundary confusion" (Haraway, 2006, p. 106). In *DADES*, capillary dilatation in the facial area and fluctuations of eye muscles (aka the "blush response"), are measured precisely with the "Voight-Kampff Empathy Scale" which assesses whether a test

[32] A cyborg should be differentiated from an android/replicant, however. A cyborg connotes more hybridity, is made with organic parts, and is a human (or animal) that has been restored or enhanced through technology (Clynes & Kline, 1960). An android is entirely synthetic, and although often made to be indistinguishable from humans, is a robot. Haraway's (2006) cyborg is a metaphorical tool, used to dismantle the rigidity of feminist identity claims while advocating for affinity in difference and boundary crossing.

subject has the appropriate human reaction to assorted moral stimulus. During an examination, a series of ethical scenarios involving animals are narrated, such as getting a calfskin wallet on your birthday or eating lobster that has been boiled alive. While all common-place practices today, based in this setting, the situations are meant to be harsh and affronting. And androids, although competent in mechanistic replication of an empathic human response, cannot always do so at the appropriate physiological speed. In the following interaction Rick Deckard, a bounty hunter who retires escaped androids, narrates a situation from Voight-Kampff to a potential android fugitive, Rachael Rosen:

> ‘In a magazine you come across a full-page color picture of a nude girl.’ He paused. ‘Is this testing whether I'm an android,’ Rachael asked tartly, ‘or whether I'm homosexual?’ The gauges did not register.
> He continued, ‘Your husband likes the picture.’ Still the gauges failed to indicate a reaction. ‘The girl,’ he added, ‘is lying face down on a large and beautiful bearskin rug.’ The gauges remained inert, and he said to himself, an android response. Failing to detect the major element, the dead animal pelt. Her…Its mind is concentrating on other factors. ‘Your husband hangs the picture up on the wall of his study,’ he finished, and this time the needles moved.

In the Voight-Kampff Empathy Scale, the ability to involuntarily feel the appropriate affect in relation to stimulus delineated as shameful is key to passing the examination, and therefore essential to “passing” as human. Here, an empathetic relation is not being able *feel with* or alongside an other; but rather, empathy becomes about the subjects capacity to convincingly *feel like* an other. Thus in the above excerpt (and notably, it is the only verbatim text to reappear in both films) Rachael Rosen is presented with a sexualized scenario one might find quite shameful in 1968 modern society, when the book itself was published - that is, lesbianism and heteronormative infidelity. Yet the reader’s prospective reaction to this sexual non-normativity would contrast the veiled major element in the plot itself, to which Rachael also fails to respond at a proper speed – that is, the dead animal pelt. Rachael does not manage to reproduce affective

sameness, the feelings parsed-out by a communal experience of loss and ascribed melancholic longings for pre-apocalyptic life. Yet disquietingly too then, neither does the reader.

In this way *DADES* works to reveal the elusiveness of what truly makes one human. In the book's future of 1992/2021 a shared feeling of humiliation, the connection to other subjects through empathetic sameness, becomes the only quasi-reliable differentiating force between humanoid and machine. Because the actual objects of shame cannot be easily universalized, a socially constituted fantasy based upon historical context, political climate, and social norms generates the semblance. There is therefore something quite analogous between this tale and the expectations that surround normative gender identity. Although not inherently universalizable, gender does primarily aim to coalesce public meanings of felt belonging, and thus marking one as verifiably human. Transgender people speak of "passing" as human – men or women – meaning their transition history has achieved a status of invisibility and that they could choose to blend into binary cisnormative ascriptions. On some level they have, whether purposely or not, compellingly *felt just like* a verifiably gendered human subject to an other (verifiably gendered subject).

Being visibly transgender comes at a potential cost as many cannot afford the toll of falling outside human legibility. Butler (2004) describes this ultimatum in *Undoing Gender* when stating that, "sometimes the very terms that confer 'humanness' on some individuals are those that deprive certain other individuals of the possibility of achieving that status, producing a differential between the human and the less-than-human" (2). Appropriately then, in *DADES* the first marker of Richard's realization that Rachael may be an android, is the loss of her gendered pronoun: "Her…Its mind is concentrating on other factors…" (1968). In the imaginary realm of gender, trans people sit in close proximity to the mythology of the android, on the edges of humanity. Their refusals or inabilities to "feel the same" at the level of culture and physiology, the failure at joining

in empathetic union with cisnormative corporeal-affective counterparts, is considered suspicious. In fact, in a tangible Voight-Kampff style, transgender people have historically been tested, coerced into mustering up convincing articulations of bodily-affective-sameness ("I am trapped in the wrong body," "I don't like my genitals") in order to access institutions of shared humanity, such as basic health care (Bauer et al., 2009; Giblon & Bauer, 2017; Grant et al., 2011). Their questionable humanity has also resulted in extensive transphobic violence, including murder (Jauk, 2013; Lamble, 2008), which is heighted if they personify other "less-than-human" markers such as racialization, femininity, dis/ability, and/or doing sex work (Clare, 2013; Lamble, 2008; V. K. Namaste, 2011).

In addition to these quantifiable social consequences, this impetus to feel the same also has connotations for the second crucial boundary project in *DADES,* which is the question of human *desire*. This chapter began by asking, along with the title of Dick's book, what is it that androids dream about? I would like to argue that this inquiry is broadly symptomatic of a fundamental difficulty surrounding desire, especially if a dream is considered to be a specific type of wanting minus need (Lacan, 1978, 1966/2006a), one that is functionally hidden from consciousness (S. Freud, 1915b). In *DADES,* dreams have been explicitly linked to desiring subjects, as the main protagonist Rick Deckard *does* in fact wish for a real-live sheep, hence the supposition that an android would dream of its electric replication. There seems to be something uncertain and disquieting about the fantasy of android (and in my analogy, transgender) desire, as it too, is repeatedly contained within the uninventive, repetitious limits of sameness. In other words, there is a foundational speculation that the other must dream as I dream: if I dream of sheep, so too must an android dream of electric sheep; if I dream of being a particular type of woman, so too must a transgender person replicate this womanhood.

Building upon theoretical frameworks developed in the previous chapters, we can now turn to explore these disquieting events in more detail by arguing that they are activated by the polymorphously perverse nature of desire (Freud, 1905/2011; Penney, 2012) and a neurotic's fantasy of perversion. Using Lacanian theories of castration, psychic structure, and desire, I contend that the unnerving thing about android and/or transgender dreams is the fantasy that they were not born of any lack. In terms of an android childhood, uncannily, "there is no there there" (Stein, 1937/1973, p. 289) and therefore no castration. Similarly, one fantasy that surrounds the transsexual pervert is unrestricted access to pre-Oedipal pleasure, which is evidenced with the common unconscious neurotic wish for infantile perversity. These issues of desiring emerge discursively within the psychoanalytic case study from 1948, revealing how gender variance has provoked a particular, identifiable crisis for psychological clinicians. Like any psychical struggle, this crisis must be managed with innovative techniques, and these techniques can be uncovered in the unlikely archives of psychiatric research (Stryker, 2006a).

In a Lacanian frame, the "tyranny of the object" (Dick, 1968) of desire for human subjects is that it is elusive and always out of reach. This lack is very much a necessary human problem of being a subject in relation to others, a problem that must be consistently and innovatively navigated. Like the fantasy of the ominous android, who "h[as] no ability to appreciate the existence of another," (Dick, 1968) transgender people may well non-consensually hold the defensive projections of common, unwanted internal aspects of humanity, and a wistful longing for blissful instantiating union. This is not a pathological wish, however, as some psychoanalytic writing would have one believe. Rather social reactions to the transsexual and the android can illustrate something central about the difficulties of desire, as they are managed in pragmatic

neurotic fantasy. Panics that surround those who feel differently (they don't *feel like*) may be symptomatic of a denial of the essential and elusive perversity of all desiring subjects.

Paradox in Pleasure

Lacan is notorious for coming up with complex models of the mind, and his conceptualization of perversion was no exception. He often imagined the psyche in terms of composite "mathemes" which, like elaborate renditions of Freud's topographies, also answering to hard science. These pseudo-mathematic formulae served as illustrative representations of his most complex ideas such as the graph of desire (Lacan, 1966/2006c), the mathemes for fantasy (Lacan, 1978, 1966/2006c), or the formulae of sexuation (Lacan, 1975/1998). The paradigm of interest for us here consists of three foundational structures that were briefly mentioned in the previous chapter, organizing any subject's chief relationship to reality. Depending upon the trajectory of the castration complex, which for psychoanalysis is a universal occurrence essential to human development, a person will become permanently "neurotic," "perverse," or "psychotic" in structure.

According to Lacan (1981/1993, 1975/1998), these underlying structures are essential arrangements, informed by unique constitutive mechanisms: repression for the neurotic, disavowal for the pervert and, in the case of psychosis, foreclosure. Yet despite their organizational importance, an individual's structure is not always simple or clear, even when that subject is undergoing an in-depth analysis. In his clinical guide to Lacanian psychoanalysis, Bruce Fink (1997) has emphasized that even after years of working with a patient, their principal structure could remain opaque for the analyst. Those with a neurotic structure can certainly use perverse or psychotic defenses, while those who present as neurotic can also unexpectedly have a psychotic break, revealing a psychotic structure. Once acquired, Lacan argued however, this foundation is unchangeable.

Resolute in his return to Freud, Lacan developed these three models of the mind based upon Freud's theories of negation, as well as his differentiations between neurotic repression and perverse disavowal. Freud considered perversion as the opposite of neurosis, and Lacan's subsequent formula for perversion's fantasy (*a<>$*) is the reverse of the schema for neurotic fantasy (*$<>a*) (Lacan, 1966/2006b). Yet these are not simply clinical characteristics; they are not comparable to those that have been standardized through dominant systems of diagnosis, such as the experiences of bodily distress that would authorize "Gender Identity Disorder." Rather these structures are elements that form a subject's relationship to the Other which, as we will see, first, dictates one's responses to the impossibility of language and second, substantiates desiring.

Accordingly, in the Lacanian field there is absolutely no "normal" state from which to deviate, although a neurotic structure and its subsets of the hysteric and obsessional do seem to be the most common. As I have emphasized, the pervert does not behave in any particularly perverse fashion, such as being into rope bondage or cross-dressing for sexual pleasure; nor does the psychotic necessarily hallucinate or lose contact with reality. Antagonistic to the taxonomical confidences of diagnosis then, the three structures instead act as clinical guides for the analyst, aiding in decisions regarding the course of treatment and nature of interpretations.

It's helpful to understand how each structure has its own idiosyncratic relationship to castration. In this way, Lacan provides a non-determinist reading of the Oedipal complex. This is why many queer, transgender, and feminist theorist have consistently turned to aspects of Lacan's work for analysis of sexual and gender non-normativity (Butler, 1990; Carlson, 2010; Gherovici, 2017). For Lacan, each child's castration drama cannot be simply determined by the shape of the genitals, a reductionist biological reading. In "The Signification of the Phallus" he asserts that "[The] relationship to the phallus . . . is established without regard to the anatomical difference of

the sexes" (1966/2006a, p. 576). Instead, every individual must pass through two important moments in castration - alienation and separation. These are not rigid or chronological moments, as comparable Western readings of Freud's stages of development would infer. Much like Lacan's (1998/2017) three "times" of the Oedipus complex that facilitate the subject's attempted passage from the imaginary to the symbolic (discussed in *Formations of the Unconscious*), these logical moments are distinctive childhood happenings that ultimately provide a vital structural foundation.

In order to better understand the function of castration and the event of perversion, I like to imagine an infant's early experience of the world. Freshly out of the connective tissue of the womb, a baby does not have a clear sense of where the mOther ends and they now begin. Klein (1975b) has written on the consequent omnipotence or "magical thinking" of this period, where the breast seems to be an extension of the child. This symbiosis is full of jouissance, an excess or surplus enjoyment, representative of the polymorphous perversity of the drives and the push to go beyond the pleasure principle. Yet this symbiosis is ambivalently perceived by the child to be dangerous. Lacan (1991/2007) describes "la desir de la mere" (which translates to both the child's desire for the mOther *and* the mOthers desire for the child) as a "huge crocodile in whose jaws you are-that's the mother. One never knows what might suddenly come over her and make her shut her trap," (p. 130) and the phallus as that which functions to stop those jaws from closing. In the first important logical moment, alienation, the child is partially separated from the mOther by an *other* Other, and although this causes distress, their presence also beneficially lowers the child's peril.[33]

[33] The "mOther" (first Other) and "Father" (second Other) take up symbolic functions in relation to the subject, and do not correspond to the gender and specific cultural/social roles of a mother and father. The paternal function in separation, in fact, can be taken up by the first Other.

With this initial partial separation from the mOther, the paternal function places an important limit on anxiety-causing jouissance. Lacan calls this function the "Nom-du-Pere" playing on the French homonym non, which means both "name" and "noun" and sounds identical to "no." The paternal function is the first enunciation of a very important "no" which, through loss, situates the subject in the symbolic order. This subject becomes split by language, with the momentous creation of a conscious and unconscious. When this primary function fails – whether through absence or a mOther's undermining of the function – the ego-ideal does not form, the imaginary continues to be dominant, and so too does a psychotic structure develop (Fink, 1996; Lacan, 1981/1993; Swales, 2012).

In seminar XI, Lacan (1978) explains alienation using an encounter with a mugger who yells "your money or your life!" (p. 212). In both cases, you will undergo significant loss, and the choice is already forced. In foreclosure, or those who try to keep their money, a hole is created in the symbolic order through a radical rejection of language. For the psychotic then, the initial "button tie" of meaning has not been fastened, and it is therefore impossible to make metaphor (unless it is through imitation). As the erogenous zones have not hierarchicalized the drives, there is invasion of jouissance in the body. Language disturbances, hallucinations, being ruled by certainty, and feeling flooded by libido are all typical symptoms of a psychotic structure (Fink, 1996, 1997). These symptoms should also remind the reader of the qualities associated to transgender people in some psychoanalytic writing discussed in previous sections.

Those with a neurotic structure have chosen the loss of their "money," insofar as they have given up something that made their life "better" (uninhibited access to the mOther) for the ability to live in language. Living is thus conditional on the acceptance of the Other's discourse as always belonging to someone else. Fink (2004) explains "in order to retain your life in some form, retain

some being…you have to submit to meaning making (express yourself in a language others speak)" (p. 181). But not only have neurotics undergone alienation; they have also undergone the second challenging hurdle of castration, which is separation. In separation, the neurotic structure becomes conditional upon the recognition that *desire* also always belongs to the Other, and this desiring is precipitated by the Other's lack. Similarly, in Freud's well-known theories of castration the Oedipal dilemma is provoked by the discovery that the mother seems to be missing an organ of great importance, the penis. But for Lacan this lack is symbolic, and is also the very bedrock of the chain of signifiers, with the phallus being the privileged signifier for the original lack. In recognizing the mOther as lacking, the subject is differentiated, and hence becomes a desiring subject with a neurotic structure.

This desire is structured in a very particular way; it cannot simply be understood as any kind of wanting that yearns for satiation. For example, when a child cries out for the breast, it is certainly voicing its biological *need* for food, however it is also making a *demand* – a demand for both survival and for love. Lacanian desire is what remains from demand when need has been subtracted, and therefore hinges on its own unattainability (Lacan, 1978). This is why the neurotic is marked by uncertainty, in contradiction to the certainty of a psychotic structure. They anxiously ask over and over: "who am I?" and "what does the Other want from me?" These questions are attempt to be (re)loved, as Lacan explains in "The Instance of the Letter in the Unconscious." Neurotics find themselves "caught in the rails of metonymy, eternally extending towards the *desire for something else* (Lacan, 1966/2006a, p. 519)."[34]

[34] There is also an important remnant leftover from this Real unity between the child and the mOther. This is the *object petite a*, which is not any tangible object but rather, that object which causes desire. Forever elusive, this memento is a reminder that the subject can never again be, and perhaps never was, absolutely everything for an Other. This relationship to the object is captured in matheme for fantasy: *$<>a*, meaning the barred subject (split by language, in alienation) in relation to the object a, cause of desire.

In both alienation and separation then, something significant has been lost. Because the psychotic repudiates the first loss, they never encounter the second. The pervert, however, provides a unique solution to the Oedipal crisis, differing from the neurotic in their chosen response to separation. After alienation, the first symbolization has occurred, and "an initial acceptance or admission of the father as symbolic separator takes place" (Fink, 1997, p.169). However, when faced with the complete loss of jouissant connection to the mOther, instead of accepting lack and the instantiation of desire, the pervert choses instead to disavow castration, refusing the loss of anxious proximity and remaining the object cause of jouissance (or the imaginary phallus) for the mOther (Swales, 2012). In "Kant with Sade," Lacan (1966/2006b) provides the matheme for the pervert as the opposite of the neurotic's fundamental fantasy ($a <> \$$), meaning that the subject remains the object cause of desire and a will to jouissance for the Other.[35] Instead of facing the neurotic's unrelenting query of desiring, which is the problem most patients bring to their analysis, the pervert already knows the answer – "who am I to the other? I am that!"

Sustained proximity to the Other may sound idealic, but this jouissance is threatening and therefore a paradoxical pleasure. Each structure is a resourceful strategy to enact a limit on this jouissance. For those with a perverse structure, there has been some failure of the paternal function. Perhaps, for example, the caregiver was entirely unhappy with life and turned to the child for sustained, all-engrossing satisfactions. The psychoanalytic stereotype of the queer or transgender person with the symbiotic relationship to their mother that we explored in chapter two is a derivative of these hypotheses. Yet the perverse structure is actually quite a rare occurrence, and further, holds no correlation to identity or sexual orientation. As Swales (2012) explains, diagnosis of an underlying structure "has little to do with the content of an individual fantasy and much to

[35] Swales (2012) argues that this might actually be better concepturalized as $a <> A$, as the pervert is actually repeatedly making attempts to cancel the lack in the other, to revoke alienation.

do with the way the subject relates to fantasy" (p. 93). She highlights that a perverse patient might, for example, repeatedly attempt to provoke jouissance others in a number of fashions. Yet the primary function of this provocation is actually to evoke the paternal function, the "nom/no" that was lacking in castration.

The perverse subject is therefore an "instrument for the Other's jouissance" (Lacan, 1966/2006a, p. 697) but this jouissance is only temporarily. They are besieged by a lack of symbolic space and the need to repeatedly summon a second Other. Like the psychotic then, they do not face the neurotic's burden of being plagued by doubt, and tend to be ruled by certainty. As the pervert feels they know what the Other wants, they are less likely to seek out analysis. On the rare occasion that a structurally perverse patient appears in therapy – often on the basis of a court order or similar requisite – Swales (2012) notes that they "are remarkably quick to make full use of the rule of free association in psychoanalytically-oriented treatment. It is often that in the first session a pervert…will say whatever comes to his mind with little concern, shame, or anxiety…" (p. 93). Without the constraints of neurotic repression, the pervert presents quite clinically different than the other structures.

In many ways then, perversion could seem appealing for those with a neurotic structure who unconsciously fantasize about having access to the unlimited jouissance that was lost in separation. In order to enter into language and become desiring subjects, through repression those with a neurotic structure have had to relinquish much and are subsequently plagued by symptoms of the unconscious - somatizations, obsessions, dreams, guilt, fear, anxiety and revulsion. Lacan (1975/1998) states, in fact, that "neurosis consists in dreaming, not perverse acts. Neurotics have none of the characteristics of perverts. They simply dream of being perverts, which is quite natural, for how else could they attain their partner" (p. 80). What Lacan means here, is that dreaming of

being a pervert is a dream of re-finding that which was lost in castration, precisely what all healthy neurotics seek out in their relationships. Yet for the neurotic, this must remain a wish, a fantasy that one may gain an ethical relation to, but a wish none-the-less. As Fink (1997) maintains "jouissance is simply overrated" (p. 174) being that the pervert, who appears to have a blissful unlimited and unmediated access to the mOther, in fact struggles, albeit differently than the neurotic.

Psychoanalysis thus provides three difficult paradoxes of pleasure that the neurotic must maneuver. The first accompanies Freud's (1911/2006) early insight that pleasure is actually found through a decrease in excitation. Contrary to a common-sense understanding of pleasure coming from a proliferation in enjoyable stimulation, in "Formulations of the Two Principles of Mental Functioning," he emphasizes that discharge is instead experienced as pleasurable. Lacan understands this as a mediation of jouissance. The second paradox is that pleasure can be achieve only through the lack of ability to ever fully achieve it. As we have seen with the trajectory of castration, in becoming a neurotic subject, we are split by language and give up certainty surrounding the other's desire. This desire, in opposition to jouissance, must be founded in lack and made unattainable. And finally, with a primary defense mechanism of repression, the neurotic must always uncover creative non-direct ways to experience pleasure. Consequently, the majority of subjects are working hard, not to "pursue their dreams" as the common adage would have it, but rather to miss the object of their desire, so they can continue to pursue it unobstructed by satisfaction. As we will see in the following section, these paradoxes inform both the insights garnered from Dick's novel on desire and empathy, and the psychiatric treatment of gender variance.

The Analyst's Hidden Wish

This chapter began with a consideration of how dystopic tales might function to capture not only a society's worst fears, but also their most pressing desires. Lacan's theory of castration and psychoanalytic insights into the essential paradoxes of pleasure demonstrate why these unconscious longings might be experienced as overwhelming and therefore strategically defended against. Dick's dystopic novel revealed two protections against that which we can now call the neurotic's dream of perversion. The first is that in the face of an unassailable differences and the meronomy of desire, one might defensively strive for enforced empathetic sameness – "feeling like" an other as opposed to "feeling with" an other. In *DADES* a subject's shared humanity was determined by proper affective responses to stimulus deemed morally corrupt, that is, wasted dead animals. Similarly, in contemporary Western models of gendered pathology, one's status as a transsexual worthy of care hinged upon appropriate gendered feelings that approximated cisgenderism, such as hating ones trans-genitals or feeling trapped in the wrong body. These uniform gendered affects have also been steeped in institutionalized moralities, which shift with its cultural container.

The second overlapping protection ventures further into the specificities of castration and perverse fantasy. In Dick's texts perhaps what is most frightening and also secretly exciting about an android is that they were never born from an other, a mOther with whom they were originally united. An android's beginnings are not always clear to the observer. Their dubious lifecycle efficiently disrupts an integral aspect of humanity. Although Rachael Rosen has memories that span a human lifetime, it was only within the past few years that she had been manufactured by the Rosen Corporation. In fact, she herself is completely unaware of her android status until it is revealed by Deckard and his Voight-Kampff Empathy Scale. The question of how an android might be influenced by the desires of its engineer (do androids dream of electric sheep?) is

therefore an interesting one but not, in this context, because of any particular rejoinder. It is the uncanny nature of question in itself, which is reminiscent of the fundamental trepidations surrounding the nature of being a desiring subject. As Lacan highlights, neurotic subjects are plagued by this instantiating concern '*Che vuoi?*' "what do you want?" and "what am I for the other?"

The fantasies surrounding an android therefore reflect principle human concerns over separation and a melancholic relationship to inceptive loss.[36] These concerns are also found in the first preoccupation, as "feeling like" an other forecloses difference in its attempted impingement of sameness. Without a human birth, androids are manufactured sentient beings, and have not undergone the traumatic separation inherent to human castration. They have not had to give up the initial proximity to the mOther through an encounter with the paternal function. And without this familiar instantiating interconnectedness, it is unclear if jouissance has been barred through alienation, or if the other's lack has been prescribed through separation. The dream of the android is a fantasy about the one who was not subjected to castration, and yet uncannily seems to live as though they had been. They are a replicant, a meticulous copy of a human experience, yet they are also one who has not had to personally endure it.

In *Everybody's Autobiography*, Gertrude Stein (1937/1973) explains that her childhood home in California no longer exists, famously writing "...it was not natural to have come from there yes write about it if I like or anything if I like but not there, there is no there there" (p. 289). In her characteristic stream-of-consciousness style, Stein underscores the painful nostalgia that accompanies infantile loss; that even in absence we are met with the presence of what is missing.

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[36] Although andorids have not undergone the universal human experience of being born from a human body, it is possible to speculate that they would also undergo some process of castration. This is why I choose to frame my argument in terms of human fantasies surrounding the android, as opposed to any universal argument for android living.

During an encounter with the android, what is missing for the subject perhaps becomes more present, as the human must then unconsciously grapple with their own dreams of a phantasm that has somehow evaded castration. In terms of android childhood, there is quite literally no there there, which may be evocative of the traumatic loss essential to all desiring neurotics. The fantasy of the one who evades castration is certainly something to be feared, as Freud (1913/2014) made clear in his analogy of the primal horde in the Oedipal complex. Yet it is simultaneously something to be envied, quite begrudgingly, and perhaps destroyed. These affects and the repressed wish for to return to a state of dependency and unlimited connection to the mOther are defining neurotic characteristics (Fink, 1996).

These distinguishing neurotic fantasies are also paralleled in an encounter with a form of difference less eccentric than the android, that is, and encounter with the gender variant subject. If gender is a fantasy placeholder for castration, a helpful illusion that covers over inaugural traumatic lack (Gherovici, 2017), then those who choose to abandon its precepts may be experienced as equally threatening. For the cisgender subject, anxious fantasies surrounding gender variance may reveal a loss has been strategically hidden beneath the invisibilized reiterations of gender performativity (Butler, 1990, 2011). This cis-fantasy does not, however, simply unveil that gender is performative, as one common misreading of Butler's *Gender Trouble* would have it; nor does it imply that trans people are inherently subversive or disruptive of gender norms (Prosser, 1998). Rather, non-cisgender expressions and enunciations seem to tear at the fabric of a long-fortified neurotic shield - in this case, taking the form of a particular set of behaviours that are associated with "gender." This shield will quickly and competently be re-built, as the neurotic structure's very wellbeing does depend upon the efficacy of consistent repression. One characterization of this rebuilding of neurotic defenses, for example, is currently taking the

form of transgender normalization and the confines of Western capitalist belonging (Duggan, 2002; Stryker, 2008b). Yet attention to previous moments of rupture provide meaningful information about human desiring and further, its implications for transgender subject's lived experience.

The envious, unconscious concern that transgender people may have perverse access to that which was lost in castration reappears throughout the history of psychoanalytic theories of transsexuality. In most pathologizing investigations into the cause of gender divergence, for example, one can find a reliable association of gender non-normativity with developmental regression and fixation. Chapter two elaborated on several of these instances when tracing the history of "the transsexual pervert" in psychoanalytic studies. The earliest cases of transvestism/transsexualism consistently believed that something had gone wrong in castration resulting in a backwards, sexualized state of libidinal tension (Hora, 1953; Karpman, 1947; G. W. Wilson, 1948). Recall, for example, that Fenichel (1930) was the first to argue that the transvestite could be distinguished from the fetishist and homosexual through their additional enduring identification with the mother. This mother/infant fusion became a cornerstone in most future elaborations on trans pathology. In fact, the trans subject was consistently theorized to be the *most* regressed gender pervert (in the perverse triad of the homosexual/fetishist/transvestite), with severe early mother-infant disturbances (Stoller, 1968a) causing an extreme lack of individuation (Greenson, 1968), and pre-Oedipal polymorphous fixations (Socarides, 1970). French psychoanalyst Jainine Chasseguet-Smirgel (1996) even defined perversion as a kind of anally regressed, *permanent merging*, and a reunion that actively destroys important differences between the sexes.

Much like human fantasies of the android then, psychoanalysts have equated trans people's pathology to a unique, and secretly coveted, relationship with castration. They have repeatedly written gender variance into what Freud (1930/2002) once called the oceanic, and the undifferentiated state of the pervert. It seems that, as with persistent questions surrounding the android, they ask: if gender is not static, is there really a there there? Although some have argued that stoic transgender identification should be considered properly psychotic (Millot, 1991), most have situated gender variance in the middle ground of the pervert, a subject who is not fully mad and yet not entirely sane (Nobus & Downing, 2006; Roudinesco, 2009). In terms of castration, this trans-fantasy has undergone enough of a separation to exist outside of psychosis, yet by disavowing the mother's lack they maintain a unique proximity and knowledge of the other.

The impulse to simply cast this early psychoanalytic research into the refuse of archaic thinking is understandable, especially considering the oversaturation of analogous ideas about transgender madness. I argue, however, that given its theoretical repetitiousness, much can still be garnered from reversing the script and considering the psychic functions these common diagnoses. Given our foothold in Lacan's theories of perversion, the thread that runs throughout pathologizing notions of the transvestite/transsexual people as "the most" regressed and fixated can illuminate something essential about everyday neurotic human desiring. First, repetitiousness shows that the traumatic losses inherent in castration must be consistently and creatively managed in fantasy, including the fantasy of reliable psychological diagnostic criteria (another iteration of "the same"). And second, through psychiatric accounts of the irrational causes of gender difference, a very natural unconscious neurotic clinical wish for symbiosis is finding its expression.

The neurotic imagines that subjects who have not given up their primal connection to the Other experience a boundless gratification. This is a perverse dream, structurally speaking, to be

the object cause of the other's desire. Yet it truly is best only as a dream, as the pervert (as well as the psychotic) must work to find their own creative ways to set a limit on this jouissance. In *The World of Perversion* James Penney (2012) has explored this relationship between desire and perversion in depth, elucidating that the difficulty of desire is its "impossible absolute" nature. By arguing with contradiction that "desire is essentially perverse…[and yet] desire is not a perversion (3)," Penney succinctly highlight desire's inherent excess and its relationship to the neurotic structure. According to Lacan, desire is in consistent deferral, and this necessary deferral conveys the drive's fragmented perverse polymorphousness. Additionally however, this type of perversion should be clearly differentiated from perversion as a structure, as those who are structurally perverse *reach the target of the drive*.[37] The proper pervert disavows castration, and therefore evades the unrelenting question of what the other wants ("I am that!"). It is, ironically then, the dependable experience of desire as perverse, which places the neurotic subject outside of perversion, and in a position to dream of it.

A Transvestic Drawing

In 1919, Freud (1899/2010) added a footnote to the *The Interpretation of Dreams,* that maintained "wish-fulfillment must bring pleasure…[but] a dreamer's relation to his wishes is quite a peculiar one" (579). He was highlighting that the paradoxical nature of pleasure leaves the neurotic with an endless task – of finding the most inventive ways discharging excitation, while simultaneously repudiating and censoring wishes, only to finally pursue them without full satisfaction – "he has no liking for them, in short" (579). This deferral finds all manner of expression and psychoanalysis has narrowed in upon particularly useful vectors of the unconscious

[37] In this text, Penney therefore argues that queer theory's affiliation to Foucault reflects an unfortunate call to structural perversion, as Foucault's famous notion of power "encounters no limit of obstacle to its realization, no unconscious which would divide it from itself."

including slips of tongue, dreams, transference, and although less commonly used, artistic expression. Freud (1920/2003) emphasized that art provided a unique venue for both the creator and observer to engage with repudiated aspects of the desiring self, for here, the pleasure principle and the reality principle uniquely found simultaneous mediated expression. It is both the artistic creation and the manifold interpretations of it that can provide information about the subject's struggle with the perverse nature of desiring.

As I was searching through the archives of early case studies with gender variant clients one particular article stood out, as it incorporated an original, extraordinary drawing that was completed by a trans patient in 1948, who I will call patient X. In the short report "Transvestite Fantasy Expressed in a Drawing," psychoanalyst and medical doctor Martin Grotjahn (1948) prefaces his investigation by describing the "artistically gifted man just past thirty…an average, suburban citizen" (340) who had a perversion which manifested in the occasional "yield[ing] to a craving to dress in a woman's garment in which he took long walks" (340). A judge had accordingly sentenced patient X to two compulsory consultations with Dr. Esther Bogen-Tietz, a psychiatrist, for the ostensible transgressions. They[38] had voluntarily returned for two more sessions, but not in search of a cure. Dr. Grotjahn, who had acquired Dr. Esther Bogen-Tietz notes at a later date, stressed that the patient's return to therapy was an attempt to "keep working without 'breaking down' or 'getting into trouble'" (340).

A brief history was gathered from these four sessions. The patient's mother had died of neurological disease, and his father had always been a cruel man. X did have a sense of embarrassment about their gender variance,[39] but this seemed to correlate more with being caught in an infraction, rather than with feeling that their gendered aspirations were in any way inherently

[38] I will make use of the gender-neutral pronoun "they/them" for the patient.
[39] The experience of shame or embarrassment indicates that the patient may not be structurally perverse.

wrong. In fact, despite being diagnostically labeled with a transvestitic perversion (the only classification available at that time), the patient X's symptomatology aligned much closer to the later diagnosis of transsexualism. They described a felt sense of belonging to the wrong sex and articulated "no greater desire than to become a woman" (341). Dr. Grotjahn elaborated that X "would like to have his genitals operated upon, and especially to have his penis removed" (341) and that they had attempted self-castration on several occasions. Masturbatory behaviours did not always accompany the long walks dressed in female attire, and when they dreamt, they saw themself "as a woman—nothing else" (342).

The skilled, pencil and paper, surrealist-style drawing accompanying this account was sent to the psychiatrist as an illustration of what patient X had to say about their experience of gender. Body parts are central throughout the rendered image, including realistic depictions of the mouth, vulva, blood, arteries, eyeballs, testicles, and a woman's full figure stuck by her limbs sunken into a pathway. An overarching aura of violence accompanies the scene. Along with being trapped, the woman's body is impaled in the stomach, blood vessels have been sliced, and the dark vaginal opening penetrated. The canyon's landscape contains a small fat naked devil observing the scene, and two skulls rest atop two staffs that emerge from the ground in the distance in the top left and right. A single pathway recedes into the expanse, a setting marred by dry desert-like terrain, dark caverns, and hanging cliffs.

Like any psychoanalytic dreamwork, this artistic depiction would be difficult to interpret without the necessary bedrock of patient X's own free-associations. A different cultural and historical context, along with the countertransference, will always influence what is seen and accentuated from the outside. For example, my own interest in contemporary trans oppression and histories of trans resilience could perhaps lead to particular rhetorical emphasis when analyzing the scene. I do see a depiction of violence (this was even my word choice in the previous image description) enacted upon a trans-feminine corporality, a mouth silently gaping wide-open (perhaps metaphorizing a cry to be heard; or the aggressions of orality), a portrayal of the complexities of internal and external life, and a struggle with sexual binarism through genital morphology. The vast possibilities that emerge from any analysis of this drawing does attest to Freud's (1899/2010) assertion that dreams can and must be "overinterpreted" – that each depiction carries a wealth of overlapping and sometimes divergent meanings. Again, however without the associations of its original dreamer, we are left primarily with the residue of the analysts' contextual and psychic experience.

Beyond the archival importance of uncovering a drawing such as this, the analyst's choices of interpretation also provide useful information the development of clinical thinking about gender

variance. Although not lying on the couch, these psychiatric records expose a type of free-association – the early traces of the experimental meaning making initiated by doctors as they molded now familiar sexual taxonomies. In our current case study, Dr. Grotjahn was speaking freely about what he saw in the artistic material produced by patient X, curiously noting what seemed important to him, while also attempting to apply the early scaffolding of diagnostic understanding that was available at the time. The result is a patchwork of his own unconscious assertions with the accompanying defensive application of what already was "known" about transvestites. It is my contention that in a close reading of this case study, one can uncover some residues of the analyst's dreams of polymorphous sleep: an early example of gendered fantasies of sameness and the accompanying expression of the neurotic wish for perversion.

Dr. Grotjahn begins his analysis of the patient X's drawing by highlighting his impression that the picture is set on a stage, with "curtains drawn aside" (342). This stage has been split into two distinct halves, he reasons, with one representing the feminine (readers left) and the other the masculine (readers right). He determines that the figure stuck in the pathway is masculine, as her wild hair must symbolize the commonly depicted phallic Head of the Medusa. The realistic depiction of genitals on either side has both been hidden behind the stage's curtains, but unlike the vulva, the testicles are "enucleated" (343), appear less realistic and further, the penis is entirely absent. Dr. Grotjahn notes that the portrayal of testicles, repeated below in the lower left corner, "suggest[s] that masculinity is not the principle object of the patient's curiosity" (342). He further argues that the psychiatrist (Dr. Esther Bogen-Tietz) has been pictured as the devil (or witch with a tail) who oversees the "barren flatland…[and] deep gorge" with "detached interest" (343).

The image as a whole is said to evoke a "schizophrenic feeling" for Dr. Grotjahn, and one that he reasons is implicit in Surrealist art. He argues that the trail leading into the distance is

suggestive of a journey into the past and "the pleasure of a temporary, passive regression" (343). He sees a theme of profound sexual conflict, where the penis has been repeatedly denied through a scene of bloody castration (cuts through blood vessels, the vaginal hymen destroyed, enucleated eye, etc). Dr. Grotjahn explains that based upon the drawing, it is likely that as a child, patient X "misinterpreted the vulva to be a castrated male genital…[and] in the typical transvestite fashion, the symbolic denial of castration is already implied" (344), while the woman's clothing takes the place of the lack of a penis. The woman with phallic medusa hair has some limbs hidden with others exposed, underlining that castration has been disavowed - "both emphasized and denied" (344). Her genitals have been "delicately" (344) hidden with cloth, while her hair confirms (so obvious it "scarcely needs mention" [344]) the fantasy that a women's whole body can be taken as the phallus. He concludes "the patient has illustrated the transvestite's dilemma: how to accept the 'fact' of castration and deny it too" (345).

There are several aspects of Dr. Grotjahn's interpretation that can be emphasized to reveal what "worst fears and pressing desires" might be expressing themselves in the analysis and countertransference. A close look at his rhetorical choices, discursive meaning making, and uses of diagnostic theory illuminate the structurally neurotic psychic processes being worked through within the clinical material.

Dr. Grotjahn begins his investigation by asserting that the drawing has been set like a stage while the devil psychiatrist watches from the sidelines. This opening description establishes a voyeuristic stance, while the pleasure of watching a perverse scene can be protected by the "detached interest" (343) of scientific objectivism. Although choosing to characterize the psychiatrist as this tangential, one can speculate based on the characterization that Dr. Esther Bogen-Tietz and Dr. Grotjahn have more than an aloof empirical interest in patient X. The symbol

of the devil, epitome of pleasure found in evil and wrong doing, is typically personified through a culturally specific mischievousness and access to unlimited delights. It is therefore possible that this representation is an open expression of the clinician's neurotic pleasure paradox, of voyeuristically watching difference and guiltily wishing for access to a lost jouissance. This expression of a desire for something just out of reach fashions a clinical drama about the perverse gender variant subject.

Another notable choice in Dr. Grotjahn's reading of patient X's drawing is his insistence that the image has been divided into two gendered sides, the left male and the right female. Although there is indeed a clear depiction of two sets of genitals on polar edges of the frame, symbols and illustrations of masculinity and femininity are unmistakably mixed throughout. For example, much archetypal phallic imagery can be found on the right, including the penetration of the vaginal entrance and a long shaft emerging from the mouth. The eyeball is also located on the "female" side, which has been associated with castration and testicles in psychoanalytic symbolism arguably just as prolifically as Medusa's hair. The devil psychiatrist, who in this case is male, also sits on the right side. On the left, we find a clear depiction of a feminine presenting body, with breasts,[40] a dress and stockings, and long flowing hair. Dr. Grotjahn's opinion that her hair is that of Medusa's could be considered a creative embellishment, for it appears in regular, flowing strands (not thick or snake-like). Seeing as the gendered divide in patent X's drawing is not so neatly calibrated, we may begin to speculate on the other psychic functions being enacted in Dr. Grotjahn's binary proposals.

The attempt to make sense of patent X's artistic representation by splitting it in to two distinct 'sides' (that are not so distinct) could be symptomatic of a defensive response to difference.

[40] Breasts are not once mentioned in Dr. Grotjahn's article.

As discussed in chapter two, Freud originally conceived splitting as a mode of defense in 1940 as a way to address the function of disavowal in perverse fetishism. The concept has since been elaborated upon in several frameworks, including being a staple symptom of several personality disorders such as borderline personality disorder (Kernberg, 1975/1985). Yet splitting has also been understood as a normal part of every subject's infancy and developmental process (Kernberg, 1975/1985; Klein, 1946; Mahler, 1968). In fact, Melanie Klein (1946) argued that splitting can appear 'in minor degrees and in a less striking form in normal people', and that 'all of us are liable at times…[to] the ego [being] temporarily split' (p. 104). In early childhood, splitting functions to ward off the anxiety that comes along with premature unmetabolized contradiction – for example the idea that the mother can be simultaneously good (present, nourishing) and bad (abandoning, empty). An important developmental milestone is reached when the object survives the infant's aggressive attacks on this "badness," and that ambivalence is maintained and integrated.

Although often relegated to the fringes of mental illness, the defensive separation of good and bad evaluations into two opposing camps is foundational to all childhood development, and occurs regularly in the everyday lives of neurotics (Grotstein, 1981). Psychologist Andy Dean's research (2004) has emphasized that normal splitting can emerge during times of adult loneliness, and is "exacerbated during periods of stress, anxiety and confusion" (35). Other theorists have used defensive splitting as a way to understand racial bias, moral panics, and sexism (Born, 1998; David Cheng, Chae, & W. Gunn, 1998; Minsky, 1996). In the case of psychiatric evaluation of transgender people, there are unquestionably splittings between good (gender cohesive/normative/binary) and bad (gender variant/transgender). I would argue further however, that the rigid application of the masculine/feminine dualism also gestures towards a perverse battle against contradiction. Fears of disintegration that accompany the infantile paranoid schizoid

position are assuaged during the achievement of organized gender identity. There is consequently a residual resonance of this fragmented, nascent thinking in the perception that femininity and masculinity can and must be polarized, as they have been in Dr. Grotjahn's interpretation of patient X's drawing.

The splitting between masculinity and femininity in the doctor's interpretation is therefore comparable to the use of empathetic sameness in dystopic android/human relationships. In both cases, the anxiety provoked by an encounter with difference is mitigated through the requirement to *felt just like* an other. Just as Rachel Rosen was expected to feel shame when encountering dead animals, patient X must keep masculinity and femininity distinct, the imagery in their art reflecting a cogent yet perverse understanding (if only unconsciously) of the gender binary. When confronted with patient X's unique mode of dreaming about gender, the analyst is also met with the polymorphousness or perverse nature of desiring. This fragmented, uncertain, and excessive desire is in a state of constant deferral, it's meaning just out of reach and reminiscent of a traumatic fundamental loss. When cogent or normative gender identity becomes unclear, the subject of the unconscious is reminded that identity is just a placeholder for desire (Lacan, 1978). As Vanheule & Verhaeghe (2009) have noted, identity is as much about functioning as it is about content, and in this case, it is integrally linked to the regulation of jouissance. These truths, unnerving for any normal neurotic, require steadfast moderation.

Yet as much as Dr. Grotjahn's analysis maintains a split between masculine and feminine sides of the drawing, he also contradicts this binary when diagnosing patient X. In an attempt to align with Fenichel's theory of the transvestite, he explains that patient X has portrayed themselves (the woman with medusa hair) in "a self-sufficient repose in encompassing masculinity and femininity in his own person" (344). Much like contemporary clinicians do with the DSM, Dr.

Grotjahn is looking to neatly tell the taxonomical story of the transsexual available to him at the time. This particular diagnostic tale is one that argued a transvestite follows a formula combining the homosexual (passive masochistic) and the fetishist (overvaluation of an object), with an additional over-identification the phallic woman (Fenichel, 1930). The medically legitimized blueprint claimed that the perverse gender variant subject saw castration but denied it too (disavowal), thus believing in a hidden penis.[41] Thus in accordance with the theory, Dr. Grotjahn contends that patient X negated woman's castration through omnipotent "phallic equivalence of her clothes, or her hair, or her body as a whole" (344).

This attempt at diagnostic consistency further evidences the use of defensive sameness, or fantasies of "feeling like" an Other. The homogeneity of Dr. Grotjahn's findings carefully re-apply an expected narrative of trans psychic life and pathology,[42] just as wrong body narratives did in the late 20th century, and the criteria for Gender Dysphonia does today (Dewey & Gesbeck, 2017). But additionally, based upon the available case notes, it can be surmised that structurally speaking patient X is a typical neurotic (not a pervert), employing repression as their primary defense (not disavowal). For example, the patient does not make a pervert's remarkably quick use of free association (Swales, 2012) and has trouble asking the psychiatrist for anything beyond "keep working without…'getting into trouble'" (340). They are plagued with the characteristic doubts of a neurotic, and carry profound shame, guilt, and anxiety regarding their gendered social transgressions. Dr. Grotjahn reports that "the patient reacted to his pervasion and his drawing with the shame and embarrassment of an adolescent caught masturbating." In contrast, those with a

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[41] In the drawing Dr. Grotjahn argues the penis is hidden behind the batwing, under the "delicate" undergarments, or in the hair.

[42] This analysis also overlooks important discrepancies, like patient X's lack of requisite masturbatory symptoms or their dreams and assertions of having "no greater desire than to become a woman" (341). Recall that *sexualized feelings* were a chief component of Fenichel's definition of transvestism. Although Dr. Grotjahn does report masturbation as a component of patient X's gender expression, and that he "found peace…from no other kind of sexual behavior" (341), it was not a prerequisite to dressing as a woman.

perverse structure are typified by the unapologetic certainty of knowing what they other wants ("I am that!"), and in fact, shamelessly attempt to incite jouissance in the other to incite a limit. Instead of provoking an excess by reaching the target of the drive, patient X chooses to both draw and dream, creating ample space for desire's uncertainty.

There is therefore a polymorphous dream of perversion being expressed by the analyst as he works to reveal the transvestite's perversion, through the dilemma of disavowal. The fantasy that there is one who has not lost the instantiating knowledge of what the mOther wants, of one who has unlimited access to that early jouissance, is a fantasy secretly coveted by the neurotic (Lacan 1975/1998). Just like the fearful wishes that surround the android, the neurotic analyst unconsciously imagines that a utopia where someone has not lost their structural omnipotence through castration. As Lacan (1975/1998) reminds us, this unachievable wanting for perversion "is quite natural" for any structural neurotic. However, when such wishes find their way into psychiatric clinical material, they may have negative implications for non-normative patients, like X.

Dr. Grotjahn assigns characteristics of perversion to patient X, insinuating that there has been a developmental problem during castration and a subsequent lingering attachment to the mother. Further however, he asserts that the drawing itself has the effect of pulling the observer into this same state of regression. Ruminating upon Surrealist artist's peculiar use of time and space, he explains "Salvador Dali's pictures frequently have this *déja-vu* quality, if one is free enough to allow himself the pleasure of a temporary, passive regression" (343). The evocation of a "schizophrenic feeling" is allotted to patient X's work, and in particular, to their use of a road disappearing into the distance "the infantile amnesia blocked the road to memory" (343).

These descriptions, along with the characterization of the psychiatrist as the devil, who voyeuristically enjoys the scene, all point to a manifestation of the neurotic's dream of perversion. And in this dream, the paradoxes of pleasure essential to structural neurosis all find expression. First, in diagnosing patient X as perverse, Dr. Grotjahn has found a *non-direct* way to experience the wish for blissful unmediated access to the mOther. Connectedly, this neurotic fantasy has been secured through an inability to ever achieve it (Fink, 1997; Lacan, 1966/2006b). Dr. Gorjahn and Esther Bogen-Tietz are both sitting on the edge of the scene, psychiatrists telling the story of the pervert's disavowal, while maintaining their own polymorphous desiring. And finally, the Dr. experiences a decrease in tension through a mediation of jouissance. In other words, by directing this fantasy of perversion onto the gender variant subject, the analyst can discharge some of the excitation associated with dreaming of its exploits (Freud, 1920/2003; Lacan, 1966/2006a).

Donna Haraway (1991/2006) ends her Cyborg Manifesto with an ode to the breakdown of rigid boundary projects in identitarian feminist models, famously stating "though both are bound in the spiral dance, I would rather be a cyborg than a goddess" (116). Through Lacanian theories of desire and perversion, this chapter has considered a third term, one that is neither a human hybrid (cyborg) nor a knowable singular subject (woman/man). The figure of the android, as it exists in Phillip K. Dick's novel, and in later science fiction iterations, stands apart insofar as it is a mechanical copy of the human, not born of any other subject and therefore not having to endure castration. Without any "there there," it is rife for projection and fantasy. But not only does the android work to tell good dystopic stories of human desiring – it can also reveal the fundamental trepidations that arise when subjects are confronted with an unmetabolizable difference. In the instance of clinical transphobia, by following diagnostic history in psychoanalytic case studies, one can discover how these anxieties have been transformed into ambitious longings for

"sameness." Additionally, as was found with patient X's unique drawing of their gendered experience, clinicians may also make creative use clinical material, unconsciously expressing their own neurotic dreams of perversion through interpretation. Lacanian psychoanalysis argues that one must work to reveal these unconscious mechanisms - not to directly change them - but rather to choose an ethical relationship to their enduring presence. In the face of gendered difference, an awareness of fantasy will assist clinicians in tempering their reactions, formed as a shield against traumatic loss. Because secretly, any healthy neurotic would much rather be an android than a cyborg.

Chapter 5: Transsexual Chimeras and the Politics of Listening

> 'Transsexuals lie,' one of my fellow doctors tells me. In fact, they say what they imagine will force the doctor to agree to the transformation which they so want to have.
>
> - Colette Chiland, *Exploring Transsexualism*, 2018

A Meeting In-Between

I have mixed feelings about the couch. If I'm not laying on it, it becomes one of the places my eyes fix on as I struggle to meet his. It's close behind him, just to the left. Silver-framed, minimal, grey, and modern. Entirely flat except for the cleanly seamed pillow. If we are making use of it, he places a small sterile tissue over the place where I lay my head before I arrive. My psychoanalyst, Dr. O, knows I often experience the climate of his basement office as "cold." We talk about the jet-black fleece blanket he makes available near my feet. Sometimes, I start our sessions by hastily wrapping it around my legs to form a temporary cocoon; other times I just stick my hands in my sleeves.

After two years, the little space has become familiar – surrealist paintings and feminist art, assorted Freudian paraphernalia, academic texts on his side table, two tissue boxes, one lightly scented candle, and his giant mug of tea. These dependable objects hold me with the weight of their quotidian presence, while also bearing the uncomfortable traces of my projections and associations. I imagine each psychoanalyst's office to be teaming with the sticky relics of their patients' moods and iterations, the air so thick with memory that it condenses and dribbles down the wallpaper.

During my very first meeting with Dr. O, I came well equipped with a thorough list of interview questions. About a page of them, including prompts. I was tremendously nervous and vigilant. I had been previously working with Dr. L, an anti-oppressive-feminist-trans-identified-eclectic-mindfulness psychotherapist, who was well-known and considered a queer elder of sorts.

It was under his care that I finally decided I had adequate emotional and physical resources to undertake transitioning from female to male - to change the name I was assigned at birth, start taking a syringe full of testosterone in the thigh every week, have multiple gender affirming surgeries, and tell my family.

I felt safe with Dr. L, but after we got through those early years of gender transition and I started talking about trauma, I decided to seek out a psychoanalyst. Although I might not have known at the time, I think I was looking to better understand my unconscious enactments and repetitions in a way that supportive psychotherapy was not providing. However, what I told Dr. O in that first session, was that I thought psychoanalysis could take me deeper in my therapeutic work although I wasn't quite sure how.

I go back and forth from laying on the couch to sitting face-to-face with Dr. O. For a while I fretted about it: is it really psychoanalysis if I'm not on the couch? Am I allowed to sit up? When I first attempted to lie down on that sanitary square of tissue four times a week, I experienced a daily, mounting unease. And when this unease escalated to acute panic, I apprehensively asked him, heart pounding: "Can I just *sit* on the couch?" Dr. O was firm - you must pick between sitting on the chair, or laying on the couch. There would be no sitting on the couch. I fought him, briefly albeit unsuccessfully, the defiance working to supersede my dread.

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That uncertain, transitional, monstrous place: in-between. As a sexualities scholar who arrived at psychoanalytic theory through queer and feminist thought, I have long been fascinated by the clinical contestations surrounding intermediate spaces. On the one hand, as we have explored in previous chapters, the profound trepidation that saturates the blurring of psychic boundaries and regressions to earlier states of infantile blendings is found throughout

psychoanalytic thought - for example, in Janine Chasseguet-Smirgel's work on perversion or Giovanna Ambrosio's (2009) on transsexualism. Yet conversely, transitional spaces have also been conceptualized as vectors of essential creativity (Winnicott, 1971/2005) and the ability to tolerate combinations of divergent affects like love and hate considered a developmental milestone (Klein, 1975a). The contradictions about intermediacy resonate with perversion's many paradoxes, including the notion that symptoms of illness could also be signs of exemplary health.

My analyst and I have since explored the tense moment in the borderlands, which I resolutely attempted to sit-up on the couch - not quite laying down, not quite face-to-face. Eventually, one interpretation he provided was that it was a gendered enactment, a repetition of the social and psychical demand to "pick only one" – masculinity or femininity. Perhaps it was an apparition of the traumatic force of an essentialized gender binary? This fantasy of a cohesive and homogenous gender identity has implications for all analysands, of course, but in particular for trans patients who face daily cissexism and transphobia. When the possibilities of existence are narrowed, subject may be confined to an imaginary realm and its persecutory idealizations. As Lene Auestad (2012a) reminds us in "Psychoanalysis and Politics," the creation of identity is based upon exclusions, rejections of the other from the self. This is, indeed, a precarious and violent boundary project.

The following section explores the politics of transgender subjectivity in the psychoanalytic clinic through my own perspective as a trans male analysand, working with a cisgender male analyst. Beginning with an evaluation of systemic omissions, silencing, and the restriction of trans access to mental health care, I consider the psychical effect of internalized notions of trans pathology. I then investigate the monstrous intermediacies that have arisen thus far in my two-year analysis, including defensive splittings between cis and trans, and trans-

chimeric clinical encounters. I navigate these intersections inspired by some of the most fundamental lessons garnered from queer and feminist movements: that what we envision to be most private and intimate is also infused with power, and that these socio-subjective phenomena cannot be understood in isolation. Interestingly, Freud (1913/2014, 1920/2003) made similar contributions in the institution of psychoanalysis, when he claimed that our psychic worlds are built upon a relationship to authority (power) and that there is a human compulsion to repeat variations on the past (nothing happens in isolation).

Any inquiry into the clandestine political aspects of psychoanalysis from a transgender patient's perspective must contend with a persisting saga of clinical transphobia that the previous chapters have worked to unearth, but also give attention to its psychical impacts on the analytic relation. In his unprecedented article on trans-trans dyads in the analytic setting, Griffen Hansbury (2011) finds his transmasculine patient asking, "Can I?" and "Am I allowed [to have castration anxiety]?" (219). Through the sediments of normalizing discourse, when given the chance to speak and be heard in an analysis, a trans man asks, "am I a real man?" Am I allowed to exist? My chest is heavy with a palatable resonance here, both in the articulation of loss that any subject faces in castration, and in the tremendously vulnerable nature of our identifications, particularly for marginalized people. Such questions can perhaps only emerge with a strong therapeutic alliance. As such, I too ask Dr. O's permission, "Am I allowed?" to move back and forth, to fight him, to sit in that middle place, if only temporarily. What matters is not that we find the answer, but rather that we are "thinking" (Bion, 1962) about it, together, finding our words.

The Silences

When I started my analysis there were periods of long, long silence. These recurring stretches of time felt agonizing. Typically, I would fill them by either frantically searching for any possible utterance, or by staring blankly at the empty space separating the carpet from edges of the

furniture. “You’ve stopped talking,” he says eventually, with gentleness, but offers nothing more. I sometimes experience the statement as compassionate yet other times they feel invasive. Regardless of my projections, each time I muster up some version of “I just can’t think of anything.” The uncomfortable static I’ve built in the room notwithstanding, I feel that he remains composed, and therefore well framed in the equidistant charcoal armchair. “Maybe it’s not so much that you can’t, but rather that you don’t want to.”

To be a queer and transgender identified person voluntarily undergoing psychoanalysis is, for many, something of an anomaly. On the most elementary level, transgender people make up a very small percentage of the population. Although difficult to document, a new study has found that the American trans population is double the amount previously estimated, but still only rests at an estimate of 0.6 percent (Flores, Herman, Gates, & Brown, 2016). Furthermore, as a marginalized group, transgender people are simply less likely to be able to access or afford psychotherapy (Bauer et al., 2009), let alone a treatment that takes place multiple times per week and spans numerous years. Add these issues the fact that many consider psychoanalysis as an antiquated or disproven practice there is more than enough fodder to explain the rarity of the trans analysand.

Yet there are additional and perhaps by now obvious, more structurally insidious reasons for transgender avoidance of psychoanalysis. Throughout the Western world and its colonial expansion, transgender people - especially Two-Spirit people and trans people of colour - have been deemed inherently sick, mentally unstable, and perverse (Driskill, Justice, Miranda, & Tatonetti, 2011; Lev, 2013; Stryker, 2008a). One of the most significant implements used to dispense this ideology has been the psychiatric institution. For example, as I discussed in chapter three, some version of trans pathology has been inscribed into each version of the DSM’s

nomenclature – from 1952 to present day. And psychoanalytic thought, although often in direct contestation with mainstream psychiatry, has also played a substantial role in the proliferation of medicalized discourses surrounding trans degeneracy. This chapter's opening epigraph by psychoanalyst Colette Chiland (2018) efficiently shows one of the ways that trans people continue to be branded as impossible patients, adversarial and only interested in therapy as a means to access transition-related resources, which they will outright "lie" to acquire. They have been depicted as borderline, obsessional, narcissistic, delusional, perverted (or paraphillic), and even psychotic. Naturally, a trans identified person could, like any subject, be diagnosed with any of the latter. However, too often it is transsexuality itself that has been either overtly or implicitly equated with mental illness and gender variance considered symptomatic of disorder.

Trans scholarship and activism has worked to detail the somber effect these systemic barriers have had on overall wellbeing. The extensive repercussions of restriction to surgery and hormones have been amply documented. Psychiatric "gatekeepers" have constructed precise narratives of trans subjectivity, and conformance was deemed imperative in the acquisition of official legitimizing letters. These letters were, and continue to be, both difficult to access and required when trying to obtain transition-related procedures and medications. The implications of being denied the tools to actualize one's gender identity, especially in violent transphobic cultural contexts, include increased social vulnerability and deterioration of mental health (Bauer et al., 2009). These dynamics are aggravated further by other intersections of marginalization such as one's race and racialization, class, and sexuality. The strikingly high rate of suicide among trans and gender non-conforming people (Haas et al., 2014) underscores the pressing need for faster, and more efficient trans-specific care.

Paradoxically however, despite these well-defined social barriers, most pathologizing psychoanalytic theorists present the "relative 'absence' of such patients [*sic*] in analytic treatment" (Ambrosio, 2009, p. xvi) as a rather curious recurring psychological phenomenon, one that should be studied as another component of the symptomatology of transsexuality itself. Borrowing from psychoanalytic theories of perversion (Nobus & Downing, 2006) it can be argued that transgender persons, who are clearly enjoying their affliction, would never intentionally seek out a process that would have it altered or removed. They therefore contend that even the trans person's absence from the psychoanalytic clinic can been explained through pathology. This all-too-common argument concisely accentuates another effective splitting of the political from the clinic, and a tremendous institutionalized disavowal.

Although there has been ample deliberation upon the material consequences of gatekeeping and resulting precarity of trans lives, the psychical effects of these transphobic countertransferences have not been sufficiently considered. Trans and gender variant people not only face restricted access to competent, non-pathologizing mental health resources that are sorely needed. They must further confront the bulk of internalized messages that have been associated with their identity, both from the external culture and within various clinical settings. To proficiently work with transgender analysands, then, both the therapist and the client will encounter and must work through these reverberations – including, for example, the fantasy of the "impossible-patient/transsexual-liar," misgivings surrounding bureaucratic legitimization and authority, doubts concerning the "realness" of felt gender identity, a sense of innate disorder or pathologization, and incidents of silence/silencing.

My struggles to find voice, especially in the first year of treatment; the unfailing coldness of Dr. O's consultation room, even when his heater is on full blast; the sterility of the scene I set,

with the hygienic head-tissue and melancholy grey furniture; and, my circumspect page length interview questions—all of these can be interpreted as manifestations of the psychic life organized around internalized transphobia. Of course, much more has been condensed in these intricate moments. But for the purposes of this chapter, it is useful to consider that as I arrived at Dr. O's office, I knew full well that he was a politicized, queer, and trans-friendly practitioner, yet I treated him as though he was a threatening and dangerous gatekeeper. Certainly, I behaved as though Dr. O would be as unsympathetic, just as I cast his office as medical and perpetually cold. He was a figure to be tested and questioned at length, as I sensed that I would surely be. But probably the most striking element, for me here, was my battle to access any words to describe an experience. Beyond silence-as-resistance[43] (because that was surely a component), my failures with speech additionally re-enacted a legacy of psychoanalysts being unable to listen to transgender analysands.

In *Mutilating Gender*, transgender theorist Dean Spade (2006) shares a personal account of this therapeutic silencing, during his attempts to access surgery without following the appropriate scripts. Spade does not have a prototypically dysphoric pre-surgical body or a proper "transsexual childhood," nor does he want to eventually "fully pass" as a man. These non-normative components of his identity make it very difficult for him to access appropriate health care, as falling outside of the accepted trans scripts can be likened to falling outside of intelligibility. After several failed attempts at working with psychiatrists, he attends a trans discussion group, and relays that:

No one [here]…seems to see therapy as the place where they voice their doubts and

[43] "Silence-as-resistance" takes on a useful double meaning here. Psychoanalytically, resistance is a barrier to treatment. The patient is unwilling to give up their symptom and subsequently defends against speech – an anticipated part of any analysis and a process that can be highlighted by the analyst. Conversely, queer and feminist scholars would envisage silent resistance as an essential form of politicized insurrection against those who cause harm to minoritarian populations.

> their transitions, where they wrestle with the political implications of their changes, where they speak about fears of losing membership in various communities or in their families. No one trusts the doctors as the place to work things out. When I mention the places I've gone for help, places that are supposed to support queer and trans people, everyone nods knowingly, having heard countless stories like mine about these very places before (326).

Given that this silencing, or the inability for clinicians to hear past countertransference, is such a common experience for transgender people, it is not surprising that these experiences of discrimination would be internalized.

It was Freud who invented the practice of psychoanalysis by listening, and in particular listening to subjects who were represented as unintelligible, irrational, and counterfeit - "hysterical" white women. During the 19th century, hysteria was a feminized and biological diagnostic category, associated with moral panic about threatened European bourgeois values (the "purity" of the race), urbanization, mental corruption, and wandering wombs (Brunner, 1995). In parting from the degeneracy paradigm and assumed organic causes, Freud insisted that a unique cure could be found in the humblest of places. The suggestion that simply talking could provide an antidote was radical insofar as women, and principally hysterical women, were not considered to be reliable speaking subjects. Although Freud undoubtedly held many prejudices of the time, since its instantiation the talking cure has also been politicized in its resolute insistence on attending to the words of those rendered socially suspect.

The lack of secure therapeutic containers where trans people can "work things out," thus stands in unfortunate opposition to a foundational practice – the practice of a specific type of analytic listening that in its essence contests the hierarchicalizing of subjects based upon their social status, identifications, or even their diagnosis (Danto, 2005). In this light, contemporary psychoanalytic practitioners must consider "who is allowed…to speak and to be heard and understood, and, conversely, who becomes reified, reduced to an instance of a general category, is

misrepresented, regarded as irrational, incomprehensible, or whose voice is not heard at all" (Auestad, 2012a, p. xii). Gender variant people have been silenced, their stories so widely unheard that present-day trans scholarship must mine documents like sensationalized news stories, obituaries, and medical reports, combing over their unflattering record to rewrite stories of trans livelihood. As I showed in chapter four, and as Stryker (2006a) has argued, this renarration allows trans people to treat sexologist's "immense body of clinical work as its archive" (14), a necessary repossession. Yet trans self-authorship continues to be cast as suspicious, potentially delusional, and dishonest, chiefly in psychoanalytic and psychiatric institutions. The speaking pervert cannot be trusted, as they are always already a guilty body (Somerville, 1994).

The other component of any expansive silencing is the ascendancy of a dominant subject position and a normalization of its accompanying ideology. Subsequently, particular stories continue to be retold about transgender people, within both psychoanalytic theory and the clinic. As a queer and feminist scholar with an interest in psychoanalysis, my encounters with clinical transphobia have reached beyond enactments in therapy, to routine confrontations within research, collegial academic conversations, and pedagogy. In conversation with a queer scholar who has been a psychoanalyst of many years, I asked if homophobia was still an issue within the International Psychoanalytic Association, as much as I felt transphobia to be. I will never forget her bright and edged laughter, as she responded with the succinctness any helpful interpretation: "can you see the air?!" The ubiquity of underlying heternormative and cis-centric ways of knowing have become so characteristic of psychoanalytic community, that their invisibilized force sometimes seems requisite for its very existence. Within this climate, the controversial question of who should speak about trans people is one recurrent theme.

In 2016, I attended a daylong talk at a local university that was addressing topics of gender and sexuality from a psychoanalytic perspective. Although the presentation was focused upon cis-women's experience, during the lunch break, discussion turned to the gendered situation on everyone's mind since the "Tipping Point" (Steinmetz, 2014a). We started to debate the 2015 campaign that aimed to prevent Germaine Greer (well-known feminist author of *The Female Eunuch*) from speaking at Cardiff University, a petition based upon her previous, egregiously offensive comments about transgender women.[44] Despite what I felt was an appropriate institutional reaction to hate speech, most analysts and scholars in the conversation either remained silent or begin to actively challenge the proposed lecture ban. During this heated discussion one comment, in particular, caught my attention. While defending Greer's attendance as a keynote, someone argued: "…but psychoanalytically speaking, we must pay the *closest* attention to that which cannot be spoken about!"

This brief exclamation immediately brought to mind a passage in Tim Dean's (2000) pivotal book, *Beyond Sexuality*. Despite its unique and astute combination of two disparate fields, the text contains a substantial amount of transphobic content, including an alliance with psychoanalyst Catherine Millot (1991) who has equated transsexuality with psychosis and transition with an attempt to be positioned outside of sex. The aforementioned defense of Greer's lecture closely mirrors a particular footnote in which Dean flatly condemns the University of Texas's "Suggested Rules" for cisgender people who are writing about transgender people. One part of the University's guidelines recommends that cisgender researchers be humble in their

[44] Greer responded to the controversy and attempts to stop her from speaking at Cardiff University, stating "Just because you lop off your dick and then wear a dress doesn't make you a ******* woman. I've asked my doctor to give me long ears and liver spots and I'm going to wear a brown coat but that won't turn me into a ******* cocker spaniel" (http://www.independent.co.uk/news/people/germaine-greer-defends-grossly-offensive-comments-about-transgender-women-just-because-you-lop-off-a6709061.html).

scholarship, as they are not the experts on trans experience – trans people are. In response, Dean (2000) writes: "At the very least we should recall how the unconscious qualifies any authority one might claim when speaking about his or her own experience. Indeed, from a psychoanalytic perspective the blatant attempt to police what can and cannot be said—on whatever topic—appears suspect in and of itself" (66).

These analogous statements are certainly psychoanalytically significant, in so far as they highlight the centrality of the unconscious and the ego's processes of defense. Both emphasize that any prohibition of a viewpoint, controlled speech, or strict rules of engagement, characterize a noteworthy resistance. For example, these resistances could be analyzed as enactments of the silencing transgender people have faced themselves, or an omnipotent attempt to control a traumatic repetition. What they leave out, however, is an analysis of how transphobia may also be functioning unconsciously in their own articulations. In both cases, a strong reaction was elicited in response to the potential silencing of cisgender opinion on transgender subjectivity. The most obvious paradox to be named is that this suppression has been widely applied to trans self-authorship, while transphobic discourse continues to effortlessly proliferate. Therefore, using the concept of projective identification, we could surmise that cisgender theorist's unacceptable impulses (silencing of trans people) have been attributed to the external world (trans people are silencing me), as a way to manage anxiety and protect self-esteem. Projective identifications are accompanied by fantasies of controlling these exiled parts, through various attempts to work them out after they've been externalized (Hinshelwood, 1989). This could include attempts to regulate the other's behavior, as we have seen in clinical work with transgender people.

What is therefore perhaps most distressing about these enactments is the way that psychoanalytic theory is still routinely being deployed as a means to cast an already marginalized

group as always suspicious and their life experiences as fabricated. There are surely unconscious, interpretable elements in demands that hate-speech against trans people be limited, and in proposed guidelines for writing with transgender cultural competency. However the questions posed are typically not about the unconscious process of all subjects involved (including cisgender people) but rather about where trans pathology can be (re)found. Dean does make a critical point when arguing that the unconscious removes authority from cognizant self-authorship. Freud famously stressed that what slips out, or emerges without permission, provides a much more reliable account of any subject's desire. Whether consciously or not, this insight has been strategically applied to certain subjects over others, and in this case, a means to undermine an already very marginal perspective.

Borrowing form Michael Balint's "Trauma and Object Relationship," Auestad (2012b) explains that the cementing force in a childhood trauma is that of non-recognition from the parent. In this three-phase schema of trauma (that Balint adapts from Ferenczi), first, the child is confidentially dependent upon the adult through a trustful bond. Second, the adult misuses the this child's expectation through some sudden passionate influence, including repeated cruelty, overstimulation, tenderness, or rejection. In the third phase the child finally "attempts to get some understanding, recognition, and comfort and the adult behaves as if nothing had happened" (31). Auestad argues that this experience of traumatic "non-recognition" can be applied to later occurrences of social or political trauma, where harm is caused and the occurrence is denied: "my statement was not intended to be hurtful. You must be hypersensitive. You misunderstand me" (32). The perpetrator avoides severe guilt by feigning ignorance. As a trans person undergoing an analysis, with the added layers my transphobic academic encouters, I repeatedly feel the weight of these non-acknowledgments as they appear, with my analyst, in the silences between us.

Monstrous Grey-Zones

> "Charybdis…was a voracious woman, who had been hurled by Zeus's thunderbolt into the sea and now…sucked in a huge volume of water and presently spewed it out again. Scylla…has been changed into a dog-like monster with six fearful heads and twelve feet. She would seize sailors, crack their bones and slowly swallow them"
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> - Graves, 1981 as cited in Di Ceglie, "Between Scylla and Charybdis: Exploring Atypical Gender Identity Development in Children and Adolescents," 2009

Domenico Di Ceglie (2009) begins his article on therapeutic work with gender variant children and adolescents by using Homer's *Odyssey* as metaphor. During Ulysses' perilous voyage home, he and his crew come across two terrifying monsters that occupy either side of encroaching cliffs, guarding the passage through. Ulysses strategically makes the decision to only inform the crew of only one pressing danger, the whirlpool of Charybdis. But in avoiding her violent undertow, six sailors are successively killed by Scylla's menacing tentacles and canines. Di Ceglie uses this tale as evidence that, when working with these patients, a clinician must not be rigid in their treatment plan, focusing on either mind or the body exclusively. By imposing a single strategy, the clinician only risks re-enacting the inflexibility of those who have "Gender Identity Disorder". Either side could subsequently devour the patient or the therapist.

Although in the end Di Ceglie's essentially advocates for non-judgmental and non-stigmatizing transgender care, his sensational use of this Greek fable is telling. Clinicians have routinely described trans people, and the process of working with them, as abject and monstrous. Post-surgical or post-hormonal bodies have been widely portrayed as mutilations or mutations, pejorative labels that have been both contested and reclaimed by trans scholars (Singer, 2006; Spade, 2006). Stryker (2006b) has most famously written about transsexual monstrosity, in her piece "My Words to Victor Frankenstein Above the Village of Chamounix." She emboldens transgender people to claim the monstrous identity that has been laid upon them by the surgeons who mold trans bodies and the psychiatrists who induce particular speech acts. Di Ceglie's

evocation of these mythical creatures, and the frightening journey between them, therefore mirrors many aspects of transgender experience beyond what he has consciously intended.[45]

There is often an underlying impression of real unsafety when navigating intermediacies – what analyst Simona Argentieri (2009) calls the "grey zones" of identity. Argentieri argues that imprecise distinctions concerning "normality" and "pathology" - including the struggle to find clear diagnostic differences between transsexualism and transvestitism - exemplify a troublesome defensive tendency of dangerous undifferentiation. You will recall from chapter two that, similarly, Chasseguet-Smirgel (1996) defined perversion as the destruction of difference between the sexes and generations, with accompanying anal regression and narcissism. These lapses into ambiguity, where male and female are "fused" together in the primitive "shaded areas of sexuality" (Ambrosio, 2009, p. xv), epitomize a pathological combination that is both gendered and racialized. Argentieri (2009) states with concern, that "in the bodies of these people 'in transit,' we see that a great mixture of solutions have been used; a patchwork of depilation and moustaches, artificial breasts and male genitals, intermittent hormones, etc." (29).

It should be noted that there have long been debates in trans communities surrounding the demarcations between transgender people who identify as trans, and those who identify as men and women (Elliot, 2012). In other words, some trans people see their gender as more enduringly fluid or conceptualize their transition history as a part of their identity; while others feel that they have always been male or female (although they were assigned differently at birth), and may choose not to think of themselves as trans or in any way gender variant. Regardless of the

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[45] Di Ceglie uses the *Odyssey* to analogize the transsexual's rigid splitting between the mind and body. However, this splitting also carries many clear gendered inferences. Feminist readings of the Cartesian dualism argue, for example, that women have been tied to the undervalued material body and men to the privileged rational mind. Further, the evident phallic and cloacal components of the two monsters also accentuate the felt danger of passing or transitioning "in-between" man and woman. In a fittingly Oedipal manner, when the crew navigates away from the cloaca, they are threatened by the castrating force of multiple serpent-dog heads.

complexities of these very personal identifications, however, those psychoanalytic clinicians who pathologize (Ambrosio, 2009; Argentieri, 2009; Chasseguet-Smirgel, 1996; Millot, 1991) frame all those who have transitioned gender as always existing within a grey zone or inherently being a mixture of sex and/or gender. My argument is that that the monstrosity of transness is often constructed around the ostensible ambiguity of gender identity and its embodiments. The clinical fantasy of the great, undifferentiated, shaded, transsexual patchwork, like our earlier examples of silencing and transphobic countertransference, perhaps communicates much more about those who are writing the scripts than trans people themselves.

Stryker (2006b) remarks that in literary criticism Frankenstein's monster is considered to be the incarnate projection of the unacceptable parts of the doctor. The transsexual could similarly, she argues, be understood as the anxious construction of a "particular golem" (p. 245) evacuated from the clinician's or theorist's self. As Karl Figlio (2012) has similarly argued, one typically assumes that we fear that which is different from us, when in fact, it is a "dread of sameness" (p. 7) that commands our distress. What differences we do find in the other, are actually parts of ourselves, which have been projected to *create* that otherness. This powerful insight transforms taken-for-granted understandings of the psychic life of systemic oppression, providing new tools for addressing identity-based violence. In the context of clinical psychoanalysis with trans people, I would argue that there is an anxious commonality to be found in the trepidation provoked by gender variance – from the analyst, analysand, and the uncertain path between them.

A small number of non-pathologizing clinical vignettes written about transgender analysands have focused upon the importance of mourning as it relates to transition. Avgi Saketopoulou (2014a) has argued that an essential component of therapeutic work with trans clients involves helping them mourn the fact that their corporeality has not always corresponded

to their felt gender identity. Using Kleinian theory, Griffen Hansbury (2005) similarly contends that trans men must grieve two lost objects: the persecutory female self that has been left behind, and the idealized male that one can never become. I would like to argue with them, further, that these processes of mourning idealized, cohesively embodied, hegemonic, or persecutory gender identifications should be a part of any subject's analysis (cisgender people included). Monstrous, regulating pressure will arise from either side of any rigid paranoid binary splitting. And, given that dualistic, hegemonic gender norms are unconsciously upheld in analysis (Layton, 2006, 2008), it is not surprising that a trans analysand could rouse defenses, incited from unanalyzed aspects of the cisgender clinician's own gender identity.

While this social context looms large in psychoanalytic treatment, a further dimension is opened with the standpoint of the analysand. I turn to my own experience of transference/counter-transference phantasies, anxiety, and the difficulties of free association to explore the growth of a trans/cis therapeutic container. In undergoing an analysis, I have given Dr. O the authority to intervene and interpret according to his own personal vision and method. I am not often privy to his personal experience of gender binary, defenses, and identity as they emerge in the transference and countertransference. When I ask, he of course typically responds analytically, stating "I think it would be much more interesting to hear what you imagine my experience to be." And although I understand the importance of centering the analyzand's fantasies, as a transgender person with an awareness of clinical transphobia, I sometimes experience his unwillingness to be transparent as a significant barrier to treatment.

During one particular session, I had been discussing personal struggles with my post-surgical body, and my subsequent desires for a revision to my top surgery. Whenever I had brought this topic into my analysis over the few previous weeks, I felt a distinctive agitation rising in the

room. Although some of this affect was certainly mine, I couldn't help but wonder if I was also sensing Dr. O's worries about my trans-surgical aspirations, and his discomfort with my frank disclosures about surgical cutting, moving, and removing flesh. I noticed him pushing back with his interpretations: "if you undergo this revision, this anxiety will just move somewhere else." Knowing that inquiries into his countertransference would be turned back onto me, I eventually stopped conferring about my desires for surgery in therapy.

After the procedure had taken place and distress surrounding this part of my body subsided, Dr. O admitted that he had been having trouble listening. The moment he named that his nervous affect and interpretations were based in his own gendered anxiety, I felt I could freely speak again. Learning to trust that his ultimate goal is to care for me has meant that his support of my growth and healing has been one of the most challenging aspects of my treatment. But more than that, maintaining the therapeutic alliance has also been about seeing and accepting that Dr. O can make mistakes and potentially be accountable to them. As a marginalized analysand, I have therefore come to recurrently face my own "particular golem" in Dr. O. And this monster has taken many forms, including encounters with transphobia and the unconscious defensive use of identity politics.

For example, I often wrestle with the fact that Dr. O is not trans himself. During one session, early on in treatment, we got into a disagreement about the word cisgender that lasted several days. He had recurrently used the words "non-trans" to describe himself, and I eventually tried to insist that he use cisgender, instead. We discussed the politics of language at length and, although I typically felt quite adept in explaining the problems with "non-trans" identification,[46]

[46] Scholars and activists have argued that using the language of "non-trans" solidifies "trans" as a deviation from the norm. Using "cisgender" is political, insofar as it accounts for gender privilege, while also challenging the tendency to only name difference. Another example would be saying, "I'm non-gay" as opposed to "I'm straight."

with him, I laboured to be intelligible. I angrily fantasized that after I left his office, he would casually jot down that I was one of those inflexible transsexual analysands, demanding his adherence to my obstinate perverse agenda. Yet I did not share this fantasy with him, fearful that unmasking my hyperbolic paranoia and distrust would only make me more susceptible to his pathologizing judgments. Apprehensions about the treatment were agitated by Dr. O's occasional difficulties with trans language or political disparities. Sometimes I found him to be the entirely good radical/anti-oppressive/brilliant/queer analyst; while at others, he transformed into the irrecusably bad straight/white/cisgender/male psychiatrist.

"Problems like this would never happen with my old therapist," I mused to myself. "Because he was trans, we shared a deep commonality, an empathetic relation that could never be replicated with Dr. O." However, still…something difficult had happened with Dr. L the previous year that was still hard to talk about. Right after I had adequately healed from top surgery, I excitedly arrived to his house for psychotherapy in a scant, celebratory, hot pink tank. It was summer, and I desperately wanted to show off my new-found-seemingly-magical-ability to wear a shirt without the discomfort of being bound down. It was during this particular session that Dr. L misgendered me twice.

This mistake was absolutely unexpected in that particular environment. I had been working with Dr. L for years, and he had never before messed up my use of male pronouns, even when I was not on testosterone and was not starting to pass as a cisman. And he was trans! Surely, he was beyond well practiced and knowledgeable, based on personal experience alone. But it was now, right after I had changed my body in this particularly affirming way that, when narrating a story about the way my mother might be feeling about my transition, he "she'd" me. And, blushing and apologizing profusely, ten minutes later, he managed to "she" me again. I felt as though the

therapeutic relationship never fully recovered after that moment. It was when I first garnered the courage to recount this story to Dr. O in my analysis, that he responded plainly: "Well, you should know, that this precise same thing will probably recur at some point, here with me."

By maintaining that I would again face misgendering, my analyst did not mean to imply that he would be incapable of respecting my gender identity. Rather, he was pointing to the likelihood of a repetition of this trauma between us; he interpreted that this tough situation would re-emerge, as it had not been previously worked through (Freud, 1914/2006). Saketopoulou (2014) has called the child's experience of being misgendered a "massive gender trauma," a misrecognition by one's primary objects that leaves the subject feeling "unseen and unknown" (779). One interpretation of the scene that Dr. O later provided was that I had projected the unmetabolized, intolerable parts of this earlier trauma onto Dr. L as a bid for containment. Perhaps at that time my therapist was not able to employ what Bion (1962) called the alpha-function (the conversion of sense data into thoughts), to make these "unbearable states of mind bearable" (Caper, 1999, p. 137). Unaccepted by Dr. L, these intolerable dreaded elements were re-introjected by me. I sense that since then, a significant part of my work with Dr. O has been about him temporarily holding those flung-out unnamable pieces, slowing me down and patiently, helping me find the words to describe them.

Throughout my analysis I have recurrently confronted the pathologizing, socially privileged, ignorant psychoanalyst – the one that I carry around inside myself, and project onto him. This internalized version of my own transphobia emerges in the transference, and in my defensive splittings between the identities that I construct as inherently safe and those that must never be trusted. Although I had profoundly difficult experiences of misgendering with Dr. L, I protected myself by maintaining an unconscious belief that he would always be more trustworthy,

that he could not hurt me, because we shared a particular (trans)gender experience. As a trans man, I've had to find creative ways to suture the wound that transphobia left behind, both in my intimate personal experiences of it and in the remnants of its larger historical trauma.

I'd like to think back, now to my early analysis and my insistence that Dr. O use the language of cisgender to describe himself. Analytic listening can exist along-side political correctness and possibly even complement interpretations. If I look to the letter, I know that trans activists chose "cis" because it derives from the Latin word meaning "on this side of" or "the same." Perhaps a part of me was finding a way to express my early apprehension that, as a psychoanalyst, Dr. O could never be on the transsexual's side, unless I omnipotently coerced him into it. But also, my panicked insistence on this articulation of "cis" ("the same") characterizes my own enactment of Figlio's (2012) dread of sameness. In confronting the internalized parts of transphobia outside of myself, I was actually in the process of strategically *creating* difference in Dr. O. This innovative otherness facilitated a manageable distance between me and my history of trauma as tied to transphobia. Paradoxically, the creation of otherness also had the effect of making Dr. O disappear into sameness. This paradox further echoes Winniott's (1958/1995) insight that the capacity to be alone is actually formed in the presence of the mother. I have since learned all the ways that I worked hard to maintain a separation between the "good" trans subject/therapist, and the "bad" cisgender psychoanalyst. As Dr. O used to often say: "It's as if there's two lines, running parallel to one another, that do not touch."

I will conclude by heeding Stryker's (2006b) call to claim the monstrosity that has been thrust upon the transgender subject. There is a creature that has routinely captured my attention and its mythical presence enhances many theoretical psychoanalytic endeavors much like Di Ceglie's use of Charybdis and Scylla. In Greek mythology, the *Chimera* was a dangerous fire-

breathing lion hybrid, with a goat rising from the center of its back and a long snake's head tail. It has also come to be a catchall for any fantastical beast composed of various animal parts.[47] Although appearing in psychoanalytic texts elsewhere (Bach, 2011; Eshel, 2012), it is my opinion that no one writes this particular beast, the Chimera, quite as handsomely as Michel de M'Uzan.

According to de M'Uzan (2008/2013), this psychical chimera emerges in an analysis, not as a pathological entity, but a helpful fabulous being that is formed within the transference and evolves throughout the entire analysis. It exists autonomous of the analyst and analysand, and takes up a life of its own through "paradoxical systems" and depersonalization in treatment. Like Freud, de M'Uzan (1979/2013) borrows from biology to explain that, similarly to immune function, individuals have a shield antenna in place, that aims to protect the ego from infringing foreign elements. During an analysis, the analysand is therefore unconsciously felt to be a potential invader of the analyst's hard-won psychological comportment. In this light, the psychoanalytic chimera is akin to a paradoxical thought because, although fleeting, the phenomenon threatens the identity of both its creators: "It is not clear whose thoughts he is thinking, and the interpretations that come to him are inflected accordingly" (Scarfone, 2013, p. xv). In these floating, passive, depersonalized moments of chimeric uncertainty, the ego function has been neutralized. De M'Uzan (1989/2013) argues that an effective analyst must therefore be skilled in letting go of resistances and their stable identity, if only temporarily. Paradoxical states can then lead to meaningful interpretations, awareness of passivity, and an eventual reinstatement of boundaries.

De M'Uzan's chimera has a very specific clinical function and I do not claim to replicate that precise purpose here. I do feel, however, that this analytic monster can be useful when considering the intricacies of work with contemporary transgender analysands. The chimeric grey

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[47] Non-mythological genetic chimeras are organisms, human or animal, comprised of cells from different zygotes, and this includes some intersex people.

zone shares components of other analytic intermediacies like Winnicott's (1953) transitional object, Bion's (1962) container, or Ogden's analytic third (1994) - in all cases, a novel space of therapeutic possibility has been generated. This chapter has pursued many intersecting aspects of these dangerously fertile in-betweens, such as psychoanalytic resistance to a blending of the insides with the outsides (psychical and political); defensive idealizations of binary gender (cis/trans man/woman); and the meanings of silence and voice, as they exist between trans analysands and cis psychoanalysts. All these in-between spaces may be experienced as mixed, prolific enactments of clinical transphobia. The metaphor of a psychoanalytic chimera elucidates why transgender clients, in particular, might rouse the analyst's anxiety. As de M'Uzan emphasizes, the psychoanalytic exchange incites a crucial, albeit temporary, threat to identity. Given that coherent ego identifications often rest upon the impermeable nature of normative binary gender, a trans analysand would perhaps be more reminiscent of the chimera's paradoxical thinking and therefore provoke clinical resistance.

To facilitate a chimeric space of opening and possibility, clinical work with transgender subjects must consider the extensive impact of institutionalized transphobia as it exists in the combined psychic lives of the patient, service provider, and their analytic container. Given the heterogeneity, resilience, and force of the harms caused by transphobic views, it makes sense that we may not always be clear whose thoughts [we are] thinking. I believe that in order to truly do effective work with transgender analysands, and to find reconciliation, psychoanalysis must mourn an idealized image of itself. Only then can we move, collectively, towards healing its many traumatic political inheritances. A trans-chimeric encounter thus amalgamates the hybridity of social location, dyadic blendings, and the diverse nature of gender identification. This fabulous,

terrifying monster will rest in the middle place, waiting for those who become prepared to visit its ambiguity and then be inspired by its many uncertainties.

Conclusion

> "Psychoanalytic writing is not just writing about psychoanalysis; it is writing subject to the same laws and processes as the psychoanalytic situate itself. In this way psychoanalysis can never free its self of the forces it attempts to describe"
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> - John Forrester, *Thinking in Cases*, p.65

In *Thinking in Cases*, John Forrester (2017) remarks that within any psychoanalytic frame, including psychoanalytic writing, there are no "transference free zones" (p. 66). Freud himself grappled with this problem from the very outset. When trying to establish his work with the unconscious as a scientific project, he consistently navigated standards set by the emerging positivist paradigms of the late 19th century. These models prioritized bias-free empiricism, and many aspects of psychoanalysis could simply not be subject to such measurable confirmations. In fact, the very nature of a theory of unconscious life seemed to contradict all scientific demand for quantitative certainty. Freud's most essential hypothesis – the one postulation that still holds many disparate schools of psychoanalytic thinking together – was that we are all subject to a hidden force of unwavering predisposition. This force moves through the world with a strategically veiled presence, dictating behaviour yet only making itself known in what slips past its sentinels. Forrester thus asks: how could psychanalytic writing in cases provide a bridge between the idiosyncrasies of a personal psychic life and the rigorous demands of the production of scholarly knowledge? And how can the case study provide a useful exemplar, especially in light of the transference and the enduring presence both the analyst and the analysand?

This dissertation research has similarly worked within the complex and indistinct psychoanalytic parameters of the transference, defenses, and unconscious desire, as they emerge in historical relationships between transgender people and the psychoanalytic clinic. These tensions have been investigated through the evolution of psychiatric writing that surrounds

transgender people, with close attention to theories of perversion, medicalization, and subsequent modern forms of pathologization. I have shown how early fissures between psychiatry and gender variant people have thereafter metonymically developed between the newly emerging field of transgender studies and the contemporary psychoanalytic clinic. This project has thus principally worked to contribute to a small yet raising concert of scholarly voices attempting to synthesize incompatible ideas in these still conflict-ridden partitions. I have interrogated what a theory of the unconscious can contribute to transgender studies, while simultaneously attempting to bolster psychoanalytic knowledge on transgender mental health.

My effort has left us with lingering, yet perhaps helpful contractions. For example, in heeding the psychoanalytic notion of a subject inherently split by language (Lacan, 1966/2006a), I concede that any coherent identification will necessarily be fantasmatic. Yet simultaneously, this research has taken quite seriously the personal and material implication of, often enduring, identarian formations in the social world. This includes the identity category of "transgender," whose syntactic frameworks have been re-scripted over time, a re-scripting whose filaments branch out from many starting points (C. Williams, 2014). In one representative case, I considered the nosological history of the transsexual pervert, finding its discursive effects to both "extend and linger" throughout mainstream cultural imaginaries, transgender sexual expression, and various iterations of clinical material.

I have also freely drawn from multiple, sometimes seemingly irreconcilable, schools of psychoanalytic thought. The British Independents and their strong focus on object relations and use of the countertransference (Clarke, Hahn, & Hoggett, 2008; Hinshelwood, 1999), for example, have often sat in direct contestation with the Lacanian tradition, in its insistence on the analyst mastering their countertransference and becoming the analyzand's *object a* (Fink, 1997). Instead

of closely following the dogma of any particular school, I have chosen instead to strategically use perversion as my tether, permitting a multidisciplinary psychanalytic consideration of unconscious life in both the clinic and theory. Ultimately, I have shown that theoretical clashes do not equate to unintelligibility or therapeutic failure. Conversely in fact, I have established that a confrontation with, and ability to withstand difference may be the precondition for the emergence of desiring and therefore new ways of thinking.

Accordingly, with a mindful combination of two fields who share an ongoing vexed relationship, this project has been engaged in a process of deliberating upon what psychoanalysis and transgender studies can learn from one another. Under the long shadow of a drawn-out history of institutional homophobia (Dean & Lane, 2001), if psychoanalysis wishes to remain relevant it must expeditiously work to become cognizant of structural biases, taking real action to address transphobia in both theory and practice. This dissertation has illustrated that the clinic cannot only turn to scholars within its own walls, to the few eminent psychoanalysts who have begun to conceptualize transgender outside of pathology (Gherovici, 2010, 2017; Gozlan, 2015; Hansbury, 2005, 2011; Saketopoulou, 2011). Rather psychotherapeutic fields can, and must, learn from queer and transgender scholar's critical engagement with both psychoanalysis and medicalization, as well as from those transgender people who have turned to aesthetic re-narrations of psychiatric achieves.

As a therapeutic modality, the psychoanalytic approach has long faded from mainstream Western popularity. In *Conversion Disorder: Listening to the Body in Psychoanalysis*, Jamieson Webster (2019) asks "Who has the courage for psychoanalysis anymore...How much suffering is necessary before one turns to psychoanalysis, when one can see an endless string of medical doctors, body healers, psychics, or coaches…What must fail [to make] the psychoanalyst

necessary?" (p. 1). And in turn, perhaps transgender studies could add: "who has the courage to confront the repeated, institutionally sustained, negligence of a clinical holding environment? What could make this risk possible?" As I have shown with my own analytic case, a confrontation with the failure of psychoanalysis may indeed be precisely what psychoanalysis can offer transgender studies – as both an epistemological intervention and a novel way to work through the trauma of structurally reinforced transphobia.

Theories of the unconscious accentuate that a clinical encounter will always be a missed encounter, a kind of decisive failure of knowing. The transferences, countertransferences, fantasy, and defences combine to generate a porous clinical situation, in which sometimes it becomes difficult to know: "whose knowledge is this?" (Forrester, 2017, p. 70). De M'Uzan's (2013) analytic chimera, for example, inhabits these treacherous of paradoxical systems, an egoic amalgamation of analyst, analyzand, and the condensation of their various internalized objects. From another perspective, Lacanians may emphasize this clinical failure through the enigma of desire, a wanting minus need, that functions as the motor force of an analysis (Lacan, 1966/2006a). From many angles then, psychoanalysis provides innovative framings of the impossibilities and vicissitudes of clinical relationality. Transgender studies would therefore do well to investigate the unconscious and structural forces which influence not only transgender lived experience, but also to better understand the impetus for long legacies of anxious reactions to gender non-normativity.

This project has therefore bolstered a trans re-appropriation and unorthodox use of psychoanalytic theories that have prolifically been used by cisgender clinicians, those preoccupied with their own concerns about transgender people. With a close appraisal of theories of perversion, I have, for example, considered ambivalent polymorphousness, syntactic distress as projective identification, and lack's hidden wishes, all of which revealing significant information about

clinical interpretations and treatment of transgender identification. My findings have been fundamentally based upon the re-formulation of traditional research questions, moving away from cis-centric psychiatric concerns about the causes of transsexuality or what to do with transsexual "demands" for surgery. Instead I have strategically turned to question the most stereotypical controversies, to examine the very causes of their wondering. I have shown that repetitious aspirations towards an answer's resolution, including the closure of diagnostic certainty, can be indicative of a rupture worth investigating.

It is my aspiration to inspire entitlement in forthcoming transgender theorists, an entitlement to innovatively employ psychoanalytic theories as a way to better understand the psychic life of violence exerted against transgender people, as they exist covertly within various institutions as well as more overly in everyday life. But further I contend that psychoanalytic psychotherapy, if it were to become trans-competent, could be a form of treatment exceptionally well-suited to this particular population. As I have emphasized throughout, transgender people experience staggeringly high rates of multidimensional trauma (Grant et al., 2011), including psychic wounding from misrecognition in childhood (Saketopoulou, 2014a), and sometimes endeavour to dramatically change their corporality – all whilst basic medical, social, and legal systems are made inaccessible to them (Giblon & Bauer, 2017). As a particular form of therapeutic listening, that is, a listening to the unconscious, psychoanalysis is well equipped to address many these common struggles in a way that other forms of therapy may not. The inarticulability of trauma (Caruth, 1996; Freud, 1920/2003), coming to know one's corporality as an extension of psychic life (Freud, 1923/1989), and the lingering effects of primordial relationships (Fonagy, Person, & Hagelin, 2013; Freud, 1915a) are all essential focal points for the analytic process. Yet further, although this has not always been the case, as a structural paradigm, psychoanalytic

listening does not assign any universal meanings to the analyzand's fantasies or symptoms. In essence, it is a process which takes seriously the idiosyncrasy of each patient's symptom and the conversions of their unconscious life.

When Webster (2019) asks "who has the courage for psychoanalysis" she wonders further: "who has the courage to be a psychoanalyst in a world uninterested in the kind of change, idealistic or not, that psychoanalysis offers?" (p. 1). The change offered by this clinical encounter is not a promise of hurried good health, such as the resolution of bodily dysphoria (although amelioration of any symptom may certainly be a by-product of treatment). Rather, by taking the symptom seriously, as a form of communication in itself, the analyzand may slowly build the capacity to better tolerate the frustrations that emerge when facing the causes of human suffering – whether they be sufferings from the internal body, the social world, of relationality or a combination thereof. The various theories offered by a psychoanalytic frame thus provide unprecedented ways for transgender studies to reconceptualize transgender psychic wellbeing outside of psychiatric medicalization. I have illustrated how each analytic situation is a unique, co-created affair, where the analyst and analyzand mutually pursue the dynamic forces of unconscious life. This could certainly materialize as a working through of the residues of transphobia, as it did in my own psychoanalytic case, or it could take the form of any testimony of living a transgender life as it emerges through transference, defence, and fantasy.

Psychoanalysis is an impossible profession (Freud, 1937) for many reasons, one of which being that any conscious speaking about the unconscious extinguishes its presence; its fundamental riddle is that finding the words to say it, means that "it" no longer exists. In this light, Forrester (2017) emphasizes that the case study is one intrepid attempt to overcome the characteristic impossibility in transmission of psychoanalytic knowledge. When attempting to document the

details of any clinical situation, he argues, writing will necessarily contain the experiences of both analyst and analyzand, a type of symptomatic memoire that inherits the tale of the various transferences and countertransferences. But it is actually in this way that psychoanalytic knowledge is best developed; it cannot prosper through an impartial reporting of what had transpired after the fact, but rather, through a textual repetition of the original analytic relationship. "Psychoanalysis cannot free itself from the forces it tries to describe" (p. 3) Forrester explains, and this fastidious attachment to its own directive is what generates a peculiarly useful epistemology.

Providing his own case, Forrester investigates the book *Sexual Excitement: Dynamics of Erotic Life*, within which Robert Stoller's (1986) lifelong theories of sexuality, gender identity, and its relationship to hostility were synthesized. Stoller's method of detailed inquiry exclusively followed the erotic disposition of one patient, Belle, in a manner that Forrester likens to the drama of Freud's Dora. Belle's demeanour is recounted with flourish of romantic detail: "old-fashioned femininity; a touch of exhibitionism; gentle masochism; a slightly addled yet refreshing innocence…an unbound focus on…flowers and bees, bosoms, bare behinds, and babies" (Stoller, 1986, p. 59). These features, along with Stoller's earnest preoccupations with Belle's sexuality, accentuate the writing's predisposition to transference. Through a rather classical analytic process, Stoller eventually charts how each detail of her primary sexual fantasy – being violated by a stallion while the Dictator watches – could thematically stand-in for each component of Belle's psychic world. Yet exceeding the overdetermined co-creation of this analytic situation, Forrester draws special attention to an additional component: that the very invention of Stoller's theory of sexual excitement is also twin process to which Belle significantly contributes.

This is what Forrester calls the "parallel, unsentimental education being recounted in this book – that [education] of Stoller himself" (p. 76). There is a tandem, inseparable process not only

transpiring for Belle in her therapy, but also in the very evolution of ideas that are inspired by her analytic trajectory. Forrester ambitiously contends that the multiple positions Stoller has taken up in the analysis – "Stoller the Director in Belle's daydream, Stoller the analyst of Belle's daydream, Stoller the theoretician of sexual excitement" (p. 76) – all coalesce in his own sexual theory, so that ultimately "Stoller's psychoanalytic theory [is] also her [Belle's] creative product" (p. 77). Borrowing from these insights, this dissertation has also worked closely with several cases in an attempt to chart the co-construction of psychiatric knowledge surrounding transgender people. Although not all of my material has been strictly psychoanalytic, I presuppose that the unconscious holds an enduring presence in dyadic work, whether or not this presupposition is deemed clinically useful. My research has not attempted to provide an exhaustive consideration of the manifold subjects and their various psychic positionings in each case. Rather, I have simply begun the process of considering, like Forrester, how we might conceptualize psychiatric or psychoanalytic theory as a remarkable of archive of the participant's unconscious, and further, how this hidden record is fundamental to the very creation of knowledge. In turn, I have aspired to exemplify how transgender studies could recruit this archive with psychoanalytic thought, to better understand the layers of subjectivities that inhabit the paradigms that continues to shape transgender people's material lives.

I have shown that, like the enduring presence of both Belle and Stoller in theories of sexual excitement, the development of postulations surrounding gender variance have been co-imagined. In seeking out the clinicians' co-education, my investigations have repeatedly looked to the impossible question: "whose ideas are these, anyways?" (Forrester, 2017, p. 86). This query appeared in my analysis of the shifting origins of feelings of distress, of anxiety around leaking bathrooms, in the contradictory definitions of perversion, in defensive reactions to difference, and

in endless taxonomical rewritings. For example, in chapter 4 I analyzed a transvestite's drawing from 1948, a tangible piece of transference from patient X's mandatory work with psychiatrist Dr. Bogen-Tietz. I deliberated closely upon the second psychoanalyst's various interpretations, finding that Dr. Grotjahn sought a particular configuration of fetishistic symptoms in the patient's art. This configuration attempted to ossify a theory of gender variance as perversion, borrowing from Dr. Fenchel's writing on transvestism. Finally, I revealed that this particular interpretive fantasy also typified a neurotic fantasy for a structurally perverse access to certainty. In this very short case, then, we found a deep coalescence of subjectivities (patient X; Drs. Bogen-Tietz, Grotjahn, & Fenchel) and their unconscious aspirations. Each subject, in turn, takes up several positions in the analysis – for example Grotjahn the devil, Grotjahn the psychiatrist, Grotjahn the theorist of transvestism, Grotjahn the structural neurotic – who then leave behind theories dreamt from their clinical chimeras. Their postulations, that have evolved and shape contemporary clinical understandings of "transgender" (as dysphoric, for example), are therefore relics of a co-created scene and the analysts' education.

My research has used case study as a way to navigate the methodological difficulty of finding relevant transgender objects of study. As a class of people considered enduringly perverse and mentally unwell, transgender people's subjective experiences can be difficult to catalogue. I, along with many other scholars, have shown that pathologization has led to invisibilization and coercive trans-normalizing techniques, all of which act as a barrier to finding reliable research objects. Despite being co-created, however, one clear limitation of case study is that it most often arrives from the framing of the cisgender clinician. While my research has therefore aimed to seek out the presence of the transgender unconscious through case study, it has also mitigated this dynamic by analyzing transgender aesthetics. I have considered transgender people's art in

numerous contexts including contemporary ethno-pornographic transition narratives, multi-channel video installation, and historical psychiatrically motivated pencil drawings. These visual representations allow for additional, inventive venues into the often-overlooked intricacies of transgender people's conscious and unconscious experience.

I have emphasized the psychoanalytic insight that art is one of the few places where the pleasure principle and reality principle can find a harmonious expression (Freud, 1911/2006). The simultaneous feelings of enjoyment and unpleasure one may encounter with artistic musings thus, perhaps, supplies the clearest evidence of an eruption of these ambivalences of the unconscious. In this way, art is also particularly well suited as an object of study in research which addresses unspeakable forces like trauma, fantasy, or dream worlds. Aesthetics not only allows for an emerge of narratives that have been unauthorized by various discursive mechanisms, such as the non-linear, non-normative expressions of suffering that we encountered in Chase Joynt's (2012) *Resisterectomy*. Less encumbered by repression, art persuades its viewer into unanticipated interpretive thresholds, making ample room for each individual's transference. In this way, like the case study, artistic representations from transgender people can facilitate a co-constructed platform – one that includes its spectators. This is a container well equipped to hold the impossibilities in the transmission of psychoanalytic knowledge, along with conscientious re-tellings of often overlooked lives.

Although Forrester hopes to elucidate the obscured forces at play in Stoller's theory of sexual excitement, he ultimately dismisses the notion that Stoller was inexperienced or ignorant in his investigations. In one particularly useful section, he frames the quotidian potency of repression though the effects of different ways of seeing:

> We are not, and I wish to insist now, we are never seeing things happen in this text, in this analysis, which Stoller (and Belle) did *not* see. It is never a matter of being smarter or more perceptive than them; never, even, a matter of us having insight were they necessarily are

> blind…however, that does not mean that Stoller knows what he is doing when he is writing – to be writing, or to be an analytic patient, which all analysts have been, is to be in a position where one cannot see things that other positions or roles make possible. We, as readers, necessarily see something different from patients, analysts, and authors (p. 74).

In this excerpt writing, in and of itself, is made analogous to laying on the analyst's couch. And as a mirror to the analytic situation, the process of writing will necessarily be subject to everyday, neurotic repressions. This helpful forgetting actually enables creativity for the desiring subject, a conventional amnesia that narrows our view to a manageable, metabolizable scope. In this way, we are always inescapably situated at our own limit.[48] One vulnerability of writing then, like undergoing an analysis, is the courage it takes to lay you unconscious bare, to allow for different eyes than your own to assess the scene, to release your stronghold on ideas so they may be appraised and transformed by an unfettered other.

With these insights in mind, we can be reminded in closing that each thinker considered in this project – from the psychiatrists writing drafts of the DSM, to the first psychoanalysts attempting to decipher gender non-normativity, to those assembling contemporary transgender studies, to the transgender artist or pornographer – have chosen to expose pieces of their psychic reality, beyond that which they will ever fully master. And likewise, my own contributions in this dissertation adds to the field of scholarly transferences, those actively engaging with "the forces it describes" as a methodological impetus.

By thinking in cases, with aesthetics, or with my own personal analysis, I aspire to become a part of the chimeric symptom, and subsequently invite this dissertation's reader to join, seeing pieces that I cannot. In attempting to make any sense, to put into words, we engender a return to inescapable incomprehensibility, a confrontation with difference and fundamental lack. Yet as I have shown through my investigation of both transgender subjectivity and perversion, the

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[48] This insight comes from Prof. Aziz Güzel, personal conversation January 8th 2019.

discomfort that arises when encountering this difference can be a useful discomfort, if we are able to tolerate its enigma. It is my hope that this project has contributed to a promiscuous vision of psychoanalytic thinking, one that forgoes a properly structural wish for perversion, one that does away with defensive dogmatism and makes space for polymorphous play in the middle of incompatible, impossible knowledge.

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